

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90159 008 ****61.25

DOCUMENT # N09075

1. Entity Name

FRANCIS #2 MOBILE PARK INC.

Principal Place of Business

2800 REAL MCCOY DRIVE
 SEBRING FL 33870

Mailing Address

2800 REAL MCCOY DRIVE
 SEBRING FL 33870

U0012343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2650329

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PHILLIP W. STATLER,
 3531 US 27 SOUTH
 SEBRING FL 33870

7. Name and Address of New Registered Agent

Name: ~~Ed Cox~~ **EDWARD COX SR.**

Street Address (P.O. Box Number is Not Acceptable)

3116 Desoto Road

Sebring, FL 33870

City

Sebring

FL

Zip Code

33870 5114

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	D WELBY, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3133 SAN FRANCISCO LANE SEBRING FL 33870	
TITLE NAME	V DAJOE, PHILLIP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3104 LAS VEGAS BLVD. SEBRING FL 33870	
TITLE NAME	T ROUSE, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3104 LAS VEGAS BLVD SEBRING FL 33870	
TITLE NAME	S DEJOE, JOSIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3104 LAS VEGAS BLVD. SEBRING FL 33870	
TITLE NAME	PD PRICE, WALTER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3229 PARADISE PATH SEBRING FL 33870	
TITLE NAME	D DIERDORFF, FLOYD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3126 SAN FRANCISCO LANE SEBRING FL 33870	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P Ed Cox	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3116 Desoto Road Sebring, FL 33870-5114	
TITLE NAME	D Betty Carlise	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3145 Paradise Path Sebring, FL 33870	
TITLE NAME	O Sylvan Bittner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2845 Paradise Path Sebring, FL 33870	
TITLE NAME	B Bill Ericksson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2734 San Francisco Lane Sebring, FL 33870	
TITLE NAME	D Mel Zeller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3045 Paradise Path Sebring, FL 33870	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward M. Cox Sr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/01

Date

Daytime Phone #

CR2E037 (10/00)