

**2000 UNIFORM BUSINESS REPORT.(UBR)**

3/1


03-15-2000 90060 027 \*\*\*\*61.25

**DOCUMENT # N41588**  
 1. Entity Name  
**TOWN & COUNTRY MOBILE HOME OWNERS ASSN. INC.**

Principal Place of Business      Mailing Address  
 410 TOWN & COUNTRY BLVD      410 TOWN & COUNTRY BLVD  
 SEBRING FL 33872                  SEBRING FL 33872-7506  
 US    US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                  Suite, Apt. #, etc.

City & State                          City & State  
 Zip                                      Zip                                      Country                                  Country

**FILED**  
 00 DEC -6 PM 12: 06  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
  
 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WEIR, CHARLES D**  
 410 TOWN & COUNTRY BLVD  
 SEBRING FL 33872

4. FEI Number **59-3087456**      Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 7. Name and Address of New Registered Agent  
 Name **E Myra J Hearn (Treas)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**208 Woodbine Dr**  
**Sebring**      **33872**  
 City                                      FL      Zip Code

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 *E Myra J Hearn*      *March 6, 2000*  
Signature, typed or printed name of registered agent and file 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:			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO WEIR, CHARLES R 410 TOWN & COUNTRY BLVD SEBRING FL 33872	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gene New 204 Cooper Road Sebring, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BYNUM, RICHARD 311 SPRINGTIME DR. SEBRING FL 33872	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. Larry McManus 310 Woodbine Dr. Sebring, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRT DUPREE, ARTHUR 212 WOODBINE DR SEBRING FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE ART DUPREE 212 WOODBINE DR SEBRING, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE CHARLES WEIR 410 TOWN & COUNTRY BLVD SEBRING, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE DOTTIE FINE 524 TOWN & COUNTRY BLVD SEBRING, FL 33872	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *LARRY MCMANUS*      *3/6/00*      KE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

LARRY MCMANUS  
 LARRY MCMANUS  
 LAURENCE W. MCMANUS

CR2E037 (9/99)