

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90002 039 \*\*\*\*61.25

**DOCUMENT # N95000001398**

1. Entity Name

**LAKE COUNTY MOBILE/MANUFACTURED HOUSING HOMEOWNE**

Principal Place of Business

Mailing Address

**604 SANDPIPER DRIVE  
 LEESBURG FL 34788**

**604 SANDPIPER DRIVE  
 LEESBURG FL 34788-8984**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3363064**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VOLK, FRED  
 604 SANDPIPER DRIVE  
 LEESBURG FL 34788**

Name

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  Delete  
 NAME **MUCKEY, JIM**  
 STREET ADDRESS **7320 HARBOR VIEW DR**  
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **OLDER, TED**  
 STREET ADDRESS **04059-85 PICCOLA RD**  
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **VPD**  Change  Addition  
 NAME **ORVEL WALTER**  
 STREET ADDRESS **6629 HOPI TR**  
 CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **DS**  Delete  
 NAME **BALCOM, WALT**  
 STREET ADDRESS **28944 NUBBARD ST #93**  
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **VOLK, FRED**  
 STREET ADDRESS **604 SANDPIPER DRIVE**  
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BADER, BILL**  
 STREET ADDRESS **1606 WAYWARD WALK**  
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HARVEY, MARCIA**  
 STREET ADDRESS **37901 MAYWOOD BAY DR.**  
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE  Change  Addition  
 NAME  
 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: *James F. Muckey* **JAMES F. MUCKEY** **APR 14, 2000** **(352) 323-9215**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

#N9500001398  
640562

10.

Title	D
NaME	ROBERT P. BARBOUR
Street Add.	1240 SUNSET DR
City-St-Zip	LEESBURG, FL 34788