

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007209

1. Entity Name

RANCHO MARGATE MOBILE HOME ESTATES ASSOCIATION,

Principal Place of Business

2790 RIO NUEVO
MARGATE FL 33063

Mailing Address

2790 RIO NUEVO
MARGATE FL 33063

2. Principal Place of Business

Rancho Margate
Suite, Apt. #, etc.
2900 N. State Rd 7
City & State
Margate FL
Zip
33063 Country
BROW

3. Mailing Address

P.O. Box 934443
Suite, Apt. #, etc.
City & State
FL
Zip
BROW Country
BROW



DO NOT WRITE IN THIS SPACE

4. FEI Number

952057602

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFANO, MARTHA T
2790 RIO NUEVO
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name
Martha T. Alfano
Street Address (P.O. Box Number is Not Acceptable)
2790 Rio Nuevo
City - Margate FL Zip Code
33063

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 *x Martha Alfano*

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

(NOTE: Registered Agent signature required when registering)

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	PRESIDENT	☐ Delete
NAME	MARTHA ALFANO	
STREET ADDRESS	2790 RIO NUEVO	
CITY-ST-ZIP	Margate FL 33063	
TITLE	VICE President	☐ Delete
NAME	PAM BUSHNELL (role)	
STREET ADDRESS	2838 SAN MIGUEL	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	Secretary	☐ Delete
NAME	JEANNE M ROYER	
STREET ADDRESS	2880 SAN MIGUEL	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	Treasurer	☐ Delete
NAME	Dorothy Coxson	
STREET ADDRESS	5618 Buena Vista	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	Directors	☐ Delete
NAME	Priscilla Simpson	
STREET ADDRESS	2839 La Paz	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	Directors	☐ Delete
NAME	Robert Kule	
STREET ADDRESS	2838 San Miguel	
CITY-ST-ZIP	Margate, FL 33063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JACK JONES Director	☐ Change ☐ Addition
NAME	5584 Buena Vista	
STREET ADDRESS	Margate FL 33063	
CITY-ST-ZIP		
TITLE	Director	☐ Change ☐ Addition
NAME	Armeda Cohen	
STREET ADDRESS	5601 Santa Maria	
CITY-ST-ZIP	Margate, FL 33063	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00 954-968-7892

Daytime Phone #

CR2E037 (9/99)