

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90048 008 ***150.00

DOCUMENT # S16714

1. Entity Name
LEISURE HOMES MOBILE HOME PARK, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business
3525 Bridgefield Drive
 Suite, Apt. #, etc.
 City & State
Lakeland, FL
 Zip Country
33803-5912 USA

3. Mailing Address
3525 Bridgefield Drive
 Suite, Apt. #, etc.
 City & State
Lakeland, FL
 Zip Country
33803-5912 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3041860** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
James S. Verplanck
3525 Bridgefield Drive
Lakeland, FL 33803-5912

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Robert Marowske	
STREET ADDRESS	31 Windemere	
CITY-ST-ZIP	Grosse Pointe Farms, MI 48236-3080	<input type="checkbox"/> Delete
TITLE	Vice President	
NAME	William Verplanck	
STREET ADDRESS	6713 Engle Lake Drive	
CITY-ST-ZIP	Lakeland, FL 33813	<input type="checkbox"/> Delete
TITLE	Secretary/Treasurer	
NAME	James S. Verplanck	
STREET ADDRESS	3525 Bridgefield Drive	
CITY-ST-ZIP	Lakeland, FL 33803-5912	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE James S. Verplanck
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00 863/834-6011
 Date Daytime Phone #