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

## FILED Jan 21, 2000 8:00 am **DOCUMENT # N01564** 1. Entity Name **Secretary of State** LAKE JESSIE MOBILE HOME OWNERS' ASSOCIATION, INC 01-21-2000 90108 036 \*\*\*\*61.25 Principal Place of Business Mailing Address SERRY CAMP % JERRY CAMP 88 PERCH STREET WINTER HAVEN FL 33881 88 PERCHASTREET WINTER HAVEN FL 33881-8131 US 2. Principal Place of Business Mailing Address CLO ROBERT QUAKENBUSH C/O ROBERT QUAKENBUSH Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE BASS COR BBASS CR.N.W City & State City & State 4. FEI Number Applied For 59-2876534 WINTER HAVEN NTER Not Applicable \$8.75 Additional Certificate of Status Desired П 33881 33881 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HELMS, LARRY S. 60-2ND STREET, S.E. WINTER HAVEN FL-33880 Zip Code FL 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) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **BPD** Addition TITLE Delete TITLE CAMP, JERRY NAME GILBERT, ROBERT STREET ADDRESS STREET ADDRESS 88 PERCH ST. 66 PERCH ST CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881 WINTER HAVEN Delete ☐ Change TITI F TITLE Addition JOHN SABEAN, JOAN COLGLAZIER, KEN NAME NAME STREET ADDRESS 97 BASS CR STREET ADDRESS 123 BASS CIRCLE CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 3388.1 WINTER HAVEN FL 33881 ☐ Delete TITLE ☐ Change Addition TITLE HOLLINGSHEAD, NORITA NAME NAME STREET ADDRESS STREET ADDRESS 116 BASS CIRCLE CITY-ST-ZIP CITY-ST-7/P WINTER HAVEN FL 33881 **Delete** TITLE Addition TITLE QUAKENBUSH, ROBERT NAME QUAKENBUSH, ROBERT NAME 18 BASS CR STREET ADDRESS STREET ADDRESS 18 BASS CIR WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-7IP WINTER HAVEN FL 33881 Delete ☐ Change ☐ Addition TITLE TITLE NAME MILLER, LOUIS NAME STREET ADDRESS STREET ADDRESS 104 BASS CIRCLE CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881 **BDD** ☐ Delete ☐ Change Addition TITLE TITLE NAME MCKENZIE, BERNARD NAME STREET ADDRESS 113 BASS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881

bush Rosept QUAKENBUSA 1-14-7060 956-2184 SIGNATURE:

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.