

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07560

1. Entity Name

HILLSIDE MOBILE HOME OWNER'S, INC.

FILED

Mar 10, 2000 8:00 am  
Secretary of State

03-10-2000 90017 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PATRICK A. PAONE  
39625 PAPAYA AVE  
ZEPHYRHILLS FL 33540  
US

PATRICK A. PAONE  
39625 PAPAYA AVE  
ZEPHYRHILLS FL 33540-2894  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2828202

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAONE, PATRICK A  
39625 PAPAYA AVE  
ZEPHYRHILLS FL 33540

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

*Patrick A. Paone*

7 March 2000

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 ☐ Delete  
NAME D  
STREET ADDRESS GASNER, RUBY  
CITY-ST-ZIP 39522 ROSEBUSH LN  
ZEPHYRHILLS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS PAONE, PATRICK A  
CITY-ST-ZIP 39625 PAPAYA AVE  
ZEPHYRHILLS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS SIMGERLAND LOUISE  
CITY-ST-ZIP 39713 PERSIMMON AVE  
ZEPHYRHILLS FL

TITLE ☒ Change ☐ Addition  
NAME T.  
STREET ADDRESS SLINGERLAND, LOUISE  
CITY-ST-ZIP 39713 PERSIMMON AVE.  
ZEPHYRHILLS, FL 33540

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS COLT, KEN  
CITY-ST-ZIP 39712 SWEETGUM AVE  
ZEPHYRHILLS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME T  
STREET ADDRESS NELSON, DONNA  
CITY-ST-ZIP 39555 CALAMANDA AVE.  
ZEPHYRHILLS FL

TITLE ☐ Change ☒ Addition  
NAME S.  
STREET ADDRESS EWER, JANICE  
CITY-ST-ZIP 39701 CALAMANDA AVE.  
ZEPHYRHILLS, FL 33540

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS CARTER, LUCILLE  
CITY-ST-ZIP 39554 SWEETGUM  
ZEPHYRHILLS FL 33540

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:

*LOUISE K. SLINGERLAND*  
*LOUISE K. SLINGERLAND*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 2000 (813) 783-2595

Date

Daytime Phone #

CR2E037 (9/99)