

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90073 046 ***150.00

AU067253

DO NOT WRITE IN THIS SPACE

DOCUMENT # 609997

1. Entity Name
SUMMERLAND PALMS TRAILER PARK, INC.

Principal Place of Business 24864 OVERSEAS HWY. **Mailing Address** 15 UNQUA PL.

SUMMERLAND KEY, FL AMITYVILLE, NY

33042 11701

2. Principal Place of Business 24864 OVERSEAS HWY. **3. Mailing Address** 15 UNQUA PL.

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State SUMMERLAND KEY, FL **City & State** AMITYVILLE, NY

Zip 33042 **Country** USA **Zip** 11701 **Country** USA

4. FEI Number 11-2623483 **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
Melvin Lesser
400 Jerico Tpke
Jerico, N.Y. 11753

7. Name and Address of New Registered Agent
Name PETER ROSASCO, CPA, P.A.
Street Address (P.O. Box Number is Not Acceptable) 25000 OVERSEAS HWY.
City SUMMERLAND KEY **FL** **Zip Code** 33042

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 Peter Rosasco **PETER ROSASCO, CPA, P.A.** **6-5-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>Pres & Treas</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>Charles Klarmann</u>		NAME	
STREET ADDRESS <u>15 Unqua Place</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Amityville, NY 11701</u>		CITY-ST-ZIP	
TITLE <u>VP & Sec</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>Alice Klarmann</u>		NAME	
STREET ADDRESS <u>same as Charles R.</u>		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Charles Klarmann **CHARLES KLARMANN** **6/8/00** **631 671 1879**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)