

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90089 002 \*\*\*\*61.25

**DOCUMENT # N07560**

1. Entity Name

**HILLSIDE MOBILE HOME OWNER'S, INC.**



Principal Place of Business

**LOUISE K SLINGERLAND  
39713 PERSIMMON AVE  
ZEPHYRHILLS FL 33540  
US**

Mailing Address

**LOUISE K SLINGERLAND  
39713 PERSIMMON AVE  
ZEPHYRHILLS FL 33540  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2828202**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SLINGERLAND, LOUISE K  
39713 PERSIMMON AVE  
ZEPHYRHILLS FL 33540**

7. Name and Address of New Registered Agent

Name **LUCETTE LEBEL**

Street Address (P.O. Box Number is Not Acceptable)

**39602 CALAMANDA AVE**

City **ZEPHYRHILLS**

FL Zip Code **33542**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **L. Lebel Treas.**

**March 1/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARRICK, RUSSELL 39618 PAPAYA ZEPHYRHILLS FL 33540</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HALL, RUPERT 39608 SWEET GUM AVE ZEPHYRHILLS FL 33540</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SLINGERLAND LOUISE 39713 PERSIMMON AVE ZEPHYRHILLS FL 33546</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COLT, KEN 39712 SWEETGUM AVE ZEPHYRHILLS FL 33540</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BEAN, BEVERLY 39657 PERSIMMON AVE ZEPHYRHILLS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HARR, DON 39640 PAPAYA ZEPHYRHILLS FL 33540</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RICHARD DUNHAM 39624 SWEETGUM AVE ZEPHYRHILLS, FL 33542</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER LUCETTE LEBEL 39602 CALAMANDA AVE ZEPHYRHILLS FL 33542</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COLT, KEN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ROBERT JAMES 6601 MULBERRY ST ZEPHYRHILLS FL 33540</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **L. Lebel Treas.**

**March 1/03 (813) 715-0815**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)