

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90174 019 \*\*\*150.00

**DOCUMENT # 216584**

1. Entity Name

**SILVER PALM MOBILE PARK INC**

Principal Place of Business

Mailing Address

**14390 MUSTANG TRAIL  
 FT. LAUDERDALE FL 33330  
 US**

**14390 MUSTANG TRAIL  
 FT. LAUDERDALE FL 33330-3508  
 US**

86940582



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0931877**

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

**GREFE, WILLIAM  
 14390 MUSTANG TRAIL  
 FT LAUDERDALE FL 33330**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DORN, JOSEPH K</b>	
STREET ADDRESS	<b>3079 CASHILL BLVD</b>	
CITY-ST-ZIP	<b>RENO NV 89509</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>GREFE, WILLIAM</b>	
STREET ADDRESS	<b>14390 MUSTANG TRAIL</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33330</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GREFE, GRACE L</b>	
STREET ADDRESS	<b>14390 MUSTANG TRAIL</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33330</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William Grefe* Sec 4-10-2000