

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 248789

1. Entity Name

NEW ENGLAND TRAILER PARK, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90258 046 ***150.00

Principal Place of Business

Mailing Address

GREENFIELD VILLAGE
1015 S.R. 542 W.
DUNDEE FL 33838

3371 HARBOR BEACH DR
LAKE WALES FL 33853-8082
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0933860

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

WYSOCK, HAROLD
9105 N BUFFUM RD
FT MEADE FL 33852

Name

WYSOCK HAROLD

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

9105 N. LAKE BUFFUM RD

City

FT. MEADE

FL

Zip Code

33841

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 PD ☐ Delete
NAME WYSOCK, HAROLD
STREET ADDRESS 165 S JEFFERSON AVE
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE PD ☒ Change ☐ Addition
NAME WYSOCK, HAROLD
STREET ADDRESS 9105 N. Buffum Rd
CITY-ST-ZIP Ft. Meade, FL 33841

TITLE SDT ☐ Delete
NAME BOSSARTE, CHERYL W.
STREET ADDRESS 3371 HARBOR BEACH DR
CITY-ST-ZIP LAKE WALES FL 33853

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Cheryl Bossarte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00

Date

941-439-7469

Daytime Phone #