

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 390968**

1. Entity Name

HAINES CITY MOBILE PARK AND SALES, INC.**FILED**
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90003 024 ***150.00

Principal Place of Business

**1300 POLK CITY ROAD
HAINES CITY FL 33844**

Mailing Address

**1300 POLK CITY ROAD
HAINES CITY FL 33844-3323**

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

34-1092539

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **DAUTERMAN, JANET MARIE**
STREET ADDRESS **14691 CUCKLE CREEK ROAD**
CITY-ST-ZIP **BOWLING GREEN OH**TITLE **STD** ☐ Delete
NAME **WULFF, KAREN JANE**
STREET ADDRESS **468 PORTAGE ROAD**
CITY-ST-ZIP **PORTAGE OH**TITLE **D** ☐ Delete
NAME **DAUTERMAN, DUDLY**
STREET ADDRESS **14691 CUCKLE CREEK**
CITY-ST-ZIP **BOWLING GREEN OH**TITLE **D** ☐ Delete
NAME **WULFF, GARY**
STREET ADDRESS **468 MAIN ST**
CITY-ST-ZIP **PORTAGE OH**TITLE **D** ☐ Delete
NAME **MAURER, ROBERT**
STREET ADDRESS **224 E. WOOSTER STREET**
CITY-ST-ZIP **BOWLING GREEN OH**TITLE **D** ☐ Delete
NAME **MAURER, PATRICIA**
STREET ADDRESS **224 E WOOSTER ST**
CITY-ST-ZIP **BOWLING GREEN OH**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☐ Change ☒ Addition
NAME **Ronald Maurer**
STREET ADDRESS **2251 Nottingham Road**
CITY-ST-ZIP **Lakeland, FL.**TITLE **D** ☐ Change ☒ Addition
NAME **Liela Maurer**
STREET ADDRESS **2251 Nottingham Road**
CITY-ST-ZIP **Lakeland, FL.**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *R. DAUTERMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #