

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 390968

1. Entity Name
HAINES CITY MOBILE PARK AND SALES, INC.

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90038 040 ***150.00

Principal Place of Business
1300 POLK CITY ROAD
HAINES CITY FL 33844

Mailing Address
1300 POLK CITY ROAD
HAINES CITY FL 33844

80052211



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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, 2002 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
NAME DAUTERMAN, JANET MARIE
STREET ADDRESS 14691 CUCKLE CREEK ROAD
CITY-ST-ZIP BOWLING GREEN OH ☐ Delete

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

TITLE STD
NAME WULFF, KAREN JANE
STREET ADDRESS 468 PORTAGE ROAD
CITY-ST-ZIP PORTAGE OH ☐ Delete

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

TITLE D
NAME DAUTERMAN, DUDLY
STREET ADDRESS 14691 CUCKLE CREEK
CITY-ST-ZIP BOWLING GREEN OH ☐ Delete

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

TITLE D
NAME WULFF, GARY
STREET ADDRESS 468 MAIN ST
CITY-ST-ZIP PORTAGE OH ☐ Delete

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

TITLE D
NAME MAURER, ROBERT
STREET ADDRESS 224 E. WOOSTER STREET
CITY-ST-ZIP BOWLING GREEN OH ☐ Delete

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

TITLE D
NAME MAURER, PATRICIA
STREET ADDRESS 224 E WOOSTER ST
CITY-ST-ZIP BOWLING GREEN OH ☐ Delete

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

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 #

CR2E034 (9/01)