

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 416398

1. Entity Name

SU-RENE MOBILE HOME PARK INC

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90098 025 ***150.00

Principal Place of Business

Mailing Address

810 8TH STREET
#52
VERO BEACH FL 32962
US

810 8TH STREET
#52
VERO BEACH FL 32962-1625
US

2. Principal Place of Business

3. Mailing Address

810 8th Street
Suite, Apt. #, etc.
#52

SAME
Suite, Apt. #, etc.

City & State

City & State

VERO Beach, FL

4. FEI Number 59-1460366

Applied For
Not Applicable

Zip

Country

Zip

Country

32962 Ind Riv.

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

BOYOSIAN, RICHARD P
2041 14TH AVE
VERO BEACH FL 32960

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PVST
DONATELLI, IRENE
810 8TH STREET - #52
VERO BEACH FL - 32962

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 of Irene Donatelli)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 4931

IRENE DONATELLI: Owner and