

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 439983

1. Entity Name

ANTHONY MOBILE PARK, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90041 007 ***150.00

Principal Place of Business

Mailing Address

ANTHO NY FLO
M201
ANTHONY FL 33160
US

2910 POINTE EAST DRIVE
M201
N MIAMI BCH FL 33160-2627
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

ANTHONY
Suite, Apt. #, etc.

2910 POINTE EAST DR
M201
N MIAMI BCH FL

City & State

City & State

4. FEI Number

59-1496109

Applied For
Not Applicable

Zip

Country

Zip

Country

33617 MARION

33160

DADE

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

POULIN, CHERYL
1161 NW 110TH COURT
OCALA FL 34478

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 V ☐ Delete
NAME POULIN, ARNOLD
STREET ADDRESS 2910 POINT EAST DR., M-201
CITY-ST-ZIP N. MIAMI BEACH FL 33160

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

TITLE ST ☐ Delete
NAME POULIN, CHERYL A.
STREET ADDRESS 1161 NW 110TH CT.
CITY-ST-ZIP Ocala FL 34482

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

TITLE PRE ☐ Delete
NAME SEANNINE POULIN
STREET ADDRESS 2910 POINTE EAST DR-M201
CITY-ST-ZIP N MIAMI BEACH FLO

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

4-25-2000 1-305-936-1529

CR2E034 (9/99)