

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90307 042 ***150.00

DOCUMENT # 466330
1. Entity Name
 Colony Park Mobile Home Village, Inc.

Principal Place of Business **Mailing Address** (same)
 6720 Mangrove Dr.
 Merritt Island FL 32953

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip **Country** **Zip** **Country**

4. FBI Number 591809406 **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

Warren, Robert J.
 703 N. Main St.
 Ste. C
 Gainesville, FL 32601

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, 2001 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**

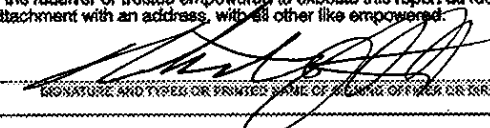
11. OFFICERS AND DIRECTORS

TITLE	PT	☐ Delete
NAME	Warren, Lenore	
STREET ADDRESS	281 W. Grandview Heights	
CITY-ST-ZIP	Boone, NC 28607	
TITLE	D	☐ Delete
NAME	Warren, William	
STREET ADDRESS	1447 Newfound Harbor Dr	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	V	☐ Delete
NAME	Kendall, Carol	
STREET ADDRESS	45 Andrews Rd	
CITY-ST-ZIP	Murkborough, MA 01752	
TITLE	SECRETARY	☐ Delete
NAME	Warren, Robert J.	
STREET ADDRESS	703 N. Main St. #C	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(f), 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:  **Robert J. Warren** 4-26-01 352-377-6600

CR2E034 (11/00)