

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90017 016 ***150.00

DOCUMENT # **466330**

1. Entity Name

Colony Park Mobile Home Village, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8116 Hibiscus Circle

Suite, Apt. #, etc.

3. Mailing Address

8116 Hibiscus Circle

Suite, Apt. #, etc.

City & State

Tammarac FL

City & State

Tammarac FL

Zip

33321

Country

Zip

33321

Country

4. FEI Number

591809406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Arthur Rogow

Street Address (P.O. Box Number is Not Acceptable)

8116 Hibiscus Circle

City

Tammarac

FL

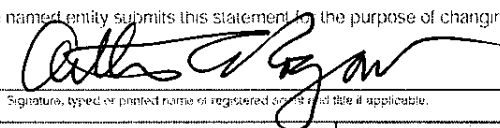
Zip

33321

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IN THIS SPACE**

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



Arthur Rogow 2-28-02

Signature, typed or printed name of registered agent, or both, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
**President
Eileen G. Rogow
8116 Hibiscus Circle
Tammarac FL 33321**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice President
Arthur Rogow
8116 Hibiscus Circle
Tammarac FL 33321**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secy/Treasurer
Philip Young
8116 Hibiscus Circle
Tammarac FL 33321**

TITLE
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STREET ADDRESS
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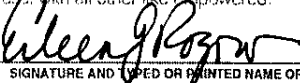
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eileen G. Rogow 2-28-02

Date

Expiry Phone #

954-721-2822

CR2E034B (12/01)