Nonprofit

BUSINESS REPORT (UBR)

DOCUMENT # 732041

1. Entity Name /Non-Profit Corporation

FORT DADE MOBILE HOME PARK IMPROVEMENT ASSOCIATION, INC.

W-4090

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 11 AM 11:15

Principal Place of Business	Mailing Address
Routeel, Highway 301 Dade City, Fl. 33523	Route 1, Hgy 301 Dade City, Fl 33523

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 10-00

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. % Lowell Richardson
City & State	City & State Dade City, FL
Zip / Country	Zip 33523 / Country USA

4. FEI Number 52-1328570 ☐ 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
	Name: Lowell Richardson Street Address (P.O. Box Number is Not Acceptable): 34979 Fraser St. City: Dade City FL Zip Code: 33523

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 Lowell Richardson, President Lowell Richardson May 8, 2000
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~~ $125
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Beatrice Randell 34956 Hawkiowa Rd. Dade City, Fl. 33523 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lowell Richardson 34979 Fraser st. DadeCity, FL 33523 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-Pres William Upmeyer 34982 Hawkiowa st. Dade City, FL 33523 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Lowell Richardson 34979 Fraser St. ~~Dade City, Fl. 33523~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director - D- Rose Shetenhelm 3980 Bassinger st. Dade City, FL 33523 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Nancy Northup 3983 Geyser St. Dade City, Fl 33523 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D- Harold Durkop 34967 Fraser st. Dade City, FL 33523 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer, Gordon Budde ~~34880 MAJOR Dade Drive~~ Dade City, Fl 33523 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director D- Junior Boeckman 35010 Romar st. Dade City, FL 33523 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Butch Boeckman 34887 Major Dr. Dade City ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000003271310--9 -05/31/00--01016--003 ****490.00 ****490.00 ☐ 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: Lowell Richardson Lowell Richardson, Pres. 05-08-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 515-233-1698

CR2E034 (9/99)