

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90024 035 ****61.25

DOCUMENT # 732874

1. Entity Name

PALMETTO MOBILE HOME PARK CIVIC ASSOCIATION OF C

Principal Place of Business

Mailing Address

**4135 KINGS HWY.
 STE 5
 PORT CHARLOTTE FL 33980
 US**

**4135 KINGS HWY
 STE 5
 PORT CHARLOTTE FL 33980-8417
 US**

714916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0083453

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JEAN C. LONG
 4135 KING'S HWY
 LOT #5
 PORT CHARLOTTE FL 33980**

Name **CHRISTOPHER, GIL**

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

#97

41 35 KING'S HIGHWAY

City **PORT CHARLOTTE**

FL

Zip Code **33980**

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

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANCHE, ROBERT	
STREET ADDRESS	4135 KINGS HWY. #11	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTOPHER, GIL	
STREET ADDRESS	4135 KINGS HIGHWAY #97	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LONG, JEAN C	
STREET ADDRESS	4135 KINGS HWY. #5	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JEROR, AGNES A	
STREET ADDRESS	4135 KINGS HIGHWAY #98	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, DOLORES	
STREET ADDRESS	4135 KINGS HIGHWAY #62	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CULLEN, JANET	
STREET ADDRESS	4135 KINGS HIGHWAY #39	
CITY-ST-ZIP	PT. CHARLOTTE FL 33980	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, JEAN C	
STREET ADDRESS	4135 King's Highway #5	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33980	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER, GIL	
STREET ADDRESS	4135 King's Highway #97	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33980	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AIELLO, SAM	
STREET ADDRESS	4135 King's Highway #72	
CITY-ST-ZIP	Pt. Charlotte, FL. 33980	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUER, JIM	
STREET ADDRESS	4135 King's Highway #75	
CITY-ST-ZIP	Pt. Charlotte, FL. 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JIM BAUER

1-31-00

941-629-605

CR2E037 (9/99)