

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90015 008 ****61.25

DOCUMENT # 745960

1. Entity Name

PLEASURE COVE MOBILE HOME OWNERS, INC.

Principal Place of Business

3030 S US #1
 FT. PIERCE FL 34982
 US

Mailing Address

6 SUNSHINE AVE
 FORT PIERCE FL 34982
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

33 Serendipity Ave

Suite, Apt. #, etc.

City & State
 Fort Pierce, FL

Zip
 34982

Country
 US

4. FEI Number

50-2047382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DONAHUE, JEAN E
 6 SUNSHINE AVE
 FT. PIERCE FL 34982

7. Name and Address of New Registered Agent

Name

DAWSON, ROBERT J

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

33 Serendipity Ave

City

Fort Pierce

FL

Zip Code
 34982

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 of the principal, officer, director, or registered agent and the applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.25

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

TITLE ☒ Delete
 NAME DONAHUE, JEAN E
 STREET ADDRESS 6 SUNSHINE AVE
 CITY-ST-ZIP FT PIERCE FL 34982

TITLE ☒ Delete
 NAME MCDOWELL, WALDO
 STREET ADDRESS 54 SUNSHINE AVE
 CITY-ST-ZIP FT. PIERCE FL 34982

TITLE ☐ Delete
 NAME COLLINS, JAMES
 STREET ADDRESS 57 PLEASURE AVE
 CITY-ST-ZIP FT PIERCE FL 34982

TITLE ☐ Delete
 NAME HAUER, MARGARET
 STREET ADDRESS 50 SUNSHINE AVE
 CITY-ST-ZIP FT. PIERCE FL 34982

TITLE ☐ Delete
 NAME WINSLOW, DOUGLAS
 STREET ADDRESS 20 PLEASURE AVE
 CITY-ST-ZIP FT PIERCE FL 34982

TITLE ☐ Delete
 NAME BUTLER, JOHN
 STREET ADDRESS 1 LEISURE LN
 CITY-ST-ZIP FT PIERCE FL 34982

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME DAWSON, ROBERT J.
 STREET ADDRESS 33 SERENDIPITY AVE.
 CITY-ST-ZIP FORT PIERCE FL34982

TITLE ☒ Change ☐ Addition
 NAME JACQUES, BARBARA
 STREET ADDRESS 32 PLEASURE AVE
 CITY-ST-ZIP FORT PIERCE, FL 34982

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Dawson

Date

Daytime Phone #

561-460-5789

CR2E037 (10/00)