

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747720

1. Entity Name

BAMBOO MOBILE HOME PARK TENANTS' ASSOCIATION, IN

R

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90029 025 ****61.25

Principal Place of Business

2402 CHARLES RD.
PEMBROKE PARK FL 33009
US

Mailing Address

2402 CHARLES RD.
PEMBROKE PARK FL 33009
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

United States

4. FEI Number

59-1895013

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILSON, R.J.
2402 CHARLES RD.
PEMBROKE PARK, FL
HALLANDALE FL 33009

Name

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

City

FL

Zip Code

33009

7. Name and Address of New Registered Agent

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

After September 13, 2000 min. will be \$236.25

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 P ☐ Delete
NAME PLANT, LOUISE
STREET ADDRESS 2406 CHARLES ROAD
CITY-ST-ZIP HALLANDALE FL

TITLE D ☐ Delete
NAME TESSIER, ANGIE
STREET ADDRESS 2422 CHARLES RD
CITY-ST-ZIP HALLANDALE FL

TITLE D ☐ Delete
NAME ORR, BARBARA
STREET ADDRESS 2401 SUSAN LANE
CITY-ST-ZIP HALLANDALE FL

TITLE D ☐ Delete
NAME GILSON, PATRICIA
STREET ADDRESS 2402 CHARLES RD
CITY-ST-ZIP HALLANDALE FL

TITLE ST ☐ Delete
NAME GILSON, R.J.
STREET ADDRESS % 2402 CHARLES ROAD
CITY-ST-ZIP PEMBROKE PARK, FL 0

TITLE D ☒ Delete
NAME LACHAINE, ANDREA (moved)
STREET ADDRESS 2417 SW 31ST AVE
CITY-ST-ZIP HALLANDALE FL RAY Pelletier

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME B/Dir. RAY Pelletier
STREET ADDRESS 2405 SUSAN LANE
CITY-ST-ZIP HALLANDALE, FLA. 33009

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

Date

Daytime Phone #

CR2E037 (5/00)