

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752310

1. Entity Name

SEMINOLE MOBILE HOME OWNERS CIVIC ASSOCIATION, I

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90060 005 ****61.25

Principal Place of Business

Mailing Address

5015 SEMINOLE BLVD.
LOT 237
ST. PETERSBURG FL 33708
US

5015 SEMINOLE BLVD.
LOT 237
ST. PETERSBURG FL 33708-3376
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

LAUDERBAUGH ROBERT
5015 SEMINOLE BLVD., LOT #237
ST. PETERSBURG FL 33708

Name

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

City

FL

Zip Code

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 *Robert R. Lauderbaugh*

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 BD ☐ Delete
NAME WHITE, JEROME
STREET ADDRESS BOX 146
CITY-ST-ZIP BAY ROBERTS PR

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

TITLE BD ☐ Delete
NAME KISTLER, DELBERT
STREET ADDRESS 7804 W. 00 N.S.
CITY-ST-ZIP KOKOMO IN

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

TITLE S ☐ Delete
NAME ULERICH, AGNES
STREET ADDRESS 327 N. BERKLEY ROAD
CITY-ST-ZIP KOKOMO IN

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

TITLE T ☐ Delete
NAME LAUDERBAUGH, ROBERT
STREET ADDRESS 2324 NO. PURDUM STREET
CITY-ST-ZIP KOKOMO IN

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

TITLE VP ☐ Delete
NAME DAWSON, CARL E.
STREET ADDRESS 5015 SEMINOLE BLVD., LOT #221
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE P ☐ Delete
NAME SHICK, CHARLES P.
STREET ADDRESS 14209 TERMINAL AVE.
CITY-ST-ZIP CLEVELAND OH

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:

Robert R. Lauderbaugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

373-1024

CR2E037 (9/99)