

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90711 032 ****61.25

DOCUMENT # 752310

1. Entity Name

**SEMINOLE MOBILE HOME OWNERS CIVIC ASSOCIATION, I
NC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

5015 Seminole Blvd.

Suite, Apt. #, etc.

Lot # 238

City & State

St. Petersburg, FL

Zip

33708

Country

US

3. Mailing Address

5015 Seminole Blvd

Suite, Apt. #, etc.

Lot # 238

City & State

St. Petersburg, FL

Zip

33708

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAUDERBAUGH ROBERT

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

7. Name and Address of New Registered Agent

Name *Sarah J. Adams*

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

5015 Seminole Blvd. Lot # 238

St. Petersburg, FL 33708

City

FL

Zip Code

33708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sarah J. Adams*

Signature, typed or printed name of registered agent and title if applicable.

Sarah J. Adams

(NOTE: Registered Agent signature required when reinstating)

March 14, 03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **BD** ☒ Delete
NAME **KISTLER, DELBERT**
STREET ADDRESS **5015 SEMINOLE BLVD.**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **T** ☒ Delete
NAME **LAUDERBAUGH, ROBERT**
STREET ADDRESS **BOX 227, 5015 SEMINOLE BLVD.**
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **P** ☒ Delete
NAME **DAWSON, CARL E.**
STREET ADDRESS **BOX 120 B 5015 SEMINOLE BLVD.**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME *Pres. Richard Bowman*
STREET ADDRESS *5015 Seminole Blvd Lot #*
CITY-ST-ZIP *St. Petersburg, FL*

TITLE ☐ Change ☐ Addition
NAME *V.P. Frank Walters*
STREET ADDRESS *5015 Seminole Blvd Lot #*
CITY-ST-ZIP *St. Petersburg, FL*

TITLE ☐ Change ☐ Addition
NAME *Treas. Sarah J. Adams*
STREET ADDRESS *5015 Seminole Blvd Lot 238*
CITY-ST-ZIP *St. Petersburg, FL*

TITLE ☐ Change ☐ Addition
NAME *Sec. Barbara Weis*
STREET ADDRESS *5015 Seminole Blvd Lot*
CITY-ST-ZIP *St. Petersburg, FL*

TITLE ☐ Change ☐ Addition
NAME *Dr. Robert Lauderbaugh*
STREET ADDRESS *Box 227 5015 Seminole Blvd.*
CITY-ST-ZIP *St. Petersburg, FL*

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: *Sarah J. Adams* **727-399-1793**

CR2E037 (10/02)