

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # 752346****1. Entity Name**
BRIAR CREEK MOBILE HOME COMMUNITY II, INC.

| | |
|------------------------------------|------------------------|
| Principal Place of Business | Mailing Address |
| 2753 SR 580 #207 | 2753 SR 580 #207 |
| CLEARWATER FL 33761 US | CLEARWATER FL 33761 US |

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-2060652Applied 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 AgentREARDON, MAUREEN
2753 SR 580 #207

CLEARWATER FL 33761 US

7. Name and Address of New Registered Agent

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 _____ **04/05/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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**

| | | |
|-----------------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HICKEY RALPH | |
| STREET ADDRESS | 128 CLUBVIEW DRIVE | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CAAN TOM | |
| STREET ADDRESS | 33 SUNRISE COURT | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | LABOUNTY JOSEPH | |
| STREET ADDRESS | 129 CLUBVIEW DR | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HOCH MAE RUTH | |
| STREET ADDRESS | 84 HICKORY BRANCH LANE | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SHIELDS GLORIA | |
| STREET ADDRESS | 171 CLUBVIEW DR | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | KETCHAM JOYCE | |
| STREET ADDRESS | 146 BRIAR CREEK BLVD | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOCH MAE RUTH | |
| STREET ADDRESS | 84 HICKORY BRANCH LANE | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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)(f), 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: GLORIA SHIELDS**

PD

04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Fax-time Phone #

CR2E037 (11/00)

D DURAN, LESLIE
61 BIRCH CREEK DR

SAFETY HARBOR, FL 34695