

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827559

1. Entity Name

LIBERTY MOBILE HOMES OF FLORIDA, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90361 035 \*\*\*150.00

Principal Place of Business	Mailing Address
LIBERTY HOMES, INC 495 OAK RD OCALA FL 34472-987 US	P O BOX 35 GOSHEN IN 46527-0035 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	35-1174256	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDCB <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, EDWARD J	NAME	
STREET ADDRESS	1101 EISENHOWER DRIVE N	STREET ADDRESS	
CITY-ST-ZIP	GOSHEN IN 46526	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, EDWARD JOSEPH	NAME	
STREET ADDRESS	1101 EISENHOWER DR N	STREET ADDRESS	
CITY-ST-ZIP	GOSHEN IN 46526	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, MICHAEL F	NAME	
STREET ADDRESS	1101 EISENHOWER DR N	STREET ADDRESS	
CITY-ST-ZIP	GOSHEN IN 46526	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFINE, DAVID	NAME	
STREET ADDRESS	1101 EISENHOWER DR N	STREET ADDRESS	
CITY-ST-ZIP	GOSHEN IN 46526	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, MITCHELL	NAME	
STREET ADDRESS	1101 EISENHOWER DR N	STREET ADDRESS	
CITY-ST-ZIP	GOSHEN IN 46526	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSMANN, MARC A	NAME	
STREET ADDRESS	1101 EISENHOWER DR.N.	STREET ADDRESS	
CITY-ST-ZIP	GOSHEN IN 46526	CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Controlle 4/24/00 219-533-0431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #