

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A12726

1. Entity Name
OHIO DELUXE MOBILE HOME PARK, LTD.

Principal Place of Business
5012 LEMON STREET
TAMPA FL 33609

Mailing Address
5012 LEMON STREET
TAMPA FL 33609-1104

2. Principal Place of Business
4300 W CYPRESS ST

3. Mailing Address
4300 W CYPRESS ST

Suite, Apt. #, etc.
SUITE 150

Suite, Apt. #, etc.
SUITE 150

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33607

Country
USA

Zip
33607

Country
USA

4. FEI Number 59-2203771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

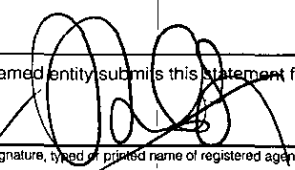
6. Name and Address of Current Registered Agent

STEINER, NELSON C.
5012 LEMON STREET
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4300 W CYPRESS ST
SUITE 150
City TAMPA FL Zip Code 33607

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  NELSON C. STEINER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$228,808.51

10. Amount of Capital Contributions in FLORIDA to date. 0

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME STEINER, NELSON
STREET ADDRESS 5012 LEMON ST
CITY - ST - ZIP TAMPA FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4300 W CYPRESS ST SUITE 150
CITY - ST - ZIP TAMPA, FL 33607

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP 500003208065-2

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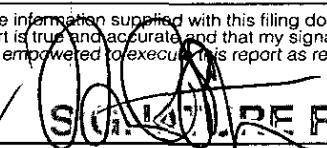
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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  NELSON C. STEINER 3/29/00 (813) 350-9399

APPROVED
AND
FILED

00 MAR 31 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)