

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011639 AF

DOCUMENT # **A30037**

1. Entity Name

**MAPLEWOOD MOBILE ESTATES, LTD.**

Principal Place of Business

**5120 RIVERSIDE DRIVE  
DAYTONA BEACH FL 32127**

Mailing Address

**5120 RIVERSIDE DRIVE  
DAYTONA BEACH FL 32127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**  
**01 JAN 26 AM 11:30**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3012599**

Applied For

Not Applicable

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

**CLARK, DOUGLAS J.  
5120 RIVERSIDE DRIVE  
DAYTONA BEACH FL 32127**

Name

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

City

**100003624141-1**  
**02/02/01-01033-014**  
**\*\*\*525.25 FL \*\*\*525.25**

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

*Douglas J. Clark*  
Signature, typed or printed name of registered agent and title if applicable.

**DOUGLAS J. CLARK**

(NOTE: Registered Agent signature required when reinstating)

**01-22-01**

DATE

9. Capital Contributions  
as Shown on record.

**\$2,208,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **K65799**  
NAME **MPC BUILDERS, INC.**  
STREET ADDRESS **5120 RIVERSIDE DRIVE**  
CITY-ST-ZIP **DAYTONA BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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:

*Douglas J. Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**DOUGLAS J. CLARK**

**01-22-01**

Date

**904-767-0350**

Daytime Phone #

CR2E003 (11/00)