

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002294

1. Entity Name

LAZY LAND MOBILE HOME PARK, LTD.

Principal Place of Business
4111 S.W. 25TH STREET
FORT LAUDERDALE FL 33317

Mailing Address
4111 S.W. 25TH STREET
FORT LAUDERDALE FL 33317-6940

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 65-0790623

Applied 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 Agent

7. Name and Address of New Registered Agent

BATCHELDER, DRAKE
450 EAST LAS OLAS BLVD., SUITE 950
FORT LAUDERDALE FL 33301

Name
Deanna Miller

Street Address (P.O. Box Number is Not Acceptable)
4111 SW 25th Street -Office

City Fort Lauderdale, FL Zip Code 33317

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 Deanna Miller

Deanna Miller

4-27-00

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. \$428,000.00

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 # P97000090234
NAME M&M ASSOCIATES, INC.
STREET ADDRESS 4111 S.W. 25TH STREET
CITY - ST - ZIP FORT LAUDERDALE FL 33317

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE REQUIRED Deanna Miller, President

Deanna Miller

4-27-00

914-957-5039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

06/12/00

100003284061-2
-06/12/00--01009--017
****526.25 ****526.25