

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000451

1. Entity Name

GLEN ELLEN MOBILE HOME PARK, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 26 PM 1:29

Principal Place of Business

29605 US 19 N. #130
CLEARWATER FL 33761

Mailing Address

2882 GULF TO BAY BOULEVARD (ROUTE 60)
CLEARWATER FL 33759-4088



2. Principal Place of Business

4340 East West Hwy

3. Mailing Address

4340 East West Hwy

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

Bethesda, MD

City & State

Bethesda, MD

4. FEI Number

52-2092546

Applied For

Not Applicable

Zip
20814

Country

Zip
20814

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Diversified Investments

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

28488 U.S. Highway 19 North

City

Clearwater,

FL

Zip Code
33761

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Gayle Benson Gayle Benson, Member 6/19/00

9. Capital Contributions
as Shown on record.

\$660,000.00

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

DOCUMENT # F98000003997
NAME DIVERSIFIED INVESTMENTS - GLEN ELLEN, INC.
STREET ADDRESS 4340 EAST WEST HIGHWAY, SUITE 206
CITY - ST - ZIP BETHESDA MD 20814

DOCUMENT #
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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

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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:

SIG *Gayle Benson* RED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Gayle Benson

Date

Daytime Phone #

4/27/00 (916) 727-0017