

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006490

1. Entity Name

LANDMARK MANUFACTURED HOUSING, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90050 043 ***150.00

Principal Place of Business

Mailing Address

345 ST. PETER STREET
300 LANDMARK TOWERS
ST. PAUL MN 55102

345 ST. PETER STREET
300 LANDMARK TOWERS
ST. PAUL MN 55102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1986670

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH 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

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Delete
NAME ANDERSON, KEITH A
STREET ADDRESS 345 ST. PETER STREET
CITY-ST-ZIP ST. PAUL MN 55102

TITLE D/P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Delete
NAME GOTTESMAN, JOEL H
STREET ADDRESS 345 ST. PETER STREET
CITY-ST-ZIP ST. PAUL MN 55102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME COREY, BRIAN F
STREET ADDRESS 345 ST. PETER STREET
CITY-ST-ZIP ST. PAUL MN 55102

TITLE D/SVP/IS ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME KNIGHT, PHYLLIS A
STREET ADDRESS 11825 N. PENNSYLVANIA STREET
CITY-ST-ZIP CARMEL IN 46032

TITLE SVP/IT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVP/AS ☐ Change ☒ Addition
NAME William T. Devanney Jr.
STREET ADDRESS 11825 N. Pennsylvania St.
CITY-ST-ZIP Carmel, IN 46032

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition
NAME Wanda J. Lamb-Lindow
STREET ADDRESS 345 St. Peter Street, 300 Landmark Towers
CITY-ST-ZIP St. Paul, MN 55102

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:

Wanda J. Lamb-Lindow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wanda J. Lamb-Lindow, Asst. Sec.

Date

Daytime Phone #

651-293-4800

CR2E034 (10/00)