

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90082 032 ***150.00

DOCUMENT # F18459

1. Entity Name

CLAIR MAR MOBILE HOME PARK, INC.

Principal Place of Business

Mailing Address

HWY. 27 . BOX 2317. LOT #9
HWY 27
DAVENPORT FL 33837

CLAIR MAR MOBLE HOME PARK INC
PO BOX 1048
DAVENPORT FL 33836-1048

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2317 US HIGHWAY 27
LOT 9
DAVENPORT FL
33837-8824



00029169

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2168277

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

HARDWICK, KELLY B. III
341 WEST DAVIDSON ST.
SUITE 301
BARTOW FL 33830

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, 2000 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 **DS** ☐ Delete
NAME **THELEN, PATRICK**
STREET ADDRESS **9915 W COLONY ROAD**
CITY-ST-ZIP **FOWLER, MICHIGAN 00000**

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

TITLE **D** ☐ Delete
NAME **BOAK, MARY JANE**
STREET ADDRESS **8475 PRICE ROAD**
CITY-ST-ZIP **ST JOHNS, MICHIGAN 00000**

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

TITLE **D** ☐ Delete
NAME **THELEN, CHRIS**
STREET ADDRESS **9915 W COLONY ROAD**
CITY-ST-ZIP **FOWLER, MICHIGAN 00000**

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

TITLE **DP** ☐ Delete
NAME **THELEN, CLAIR L**
STREET ADDRESS **9915 W COLONY ROAD**
CITY-ST-ZIP **FOWLER, MICHIGAN 00000**

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

TITLE **DT** ☐ Delete
NAME **THELEN, MARGARET**
STREET ADDRESS **9915 W COLONY ROAD**
CITY-ST-ZIP **FOWLER, MICHIGAN 00000**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: CLAIR L THELEN **CLAIR L THELEN** **Pres** **2/25/2000** **(863) 424-2210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)