

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F19340****1. Entity Name**
LADY LAKE MOBILE HOME PARK, INC.**FILED**
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90046 019 ***150.00

601632

DO NOT WRITE IN THIS SPACE

Principal Place of Business**Mailing Address****2934 GRIFFIN VIEW DR**
PO BOX 546
LADY LAKE FL 32159
US**P O BOX 546**
PO BOX 546
LADY LAKE FL 32158
US**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 **59-2082927**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****WOLFE, MILDRED M**
3044 EDWARDS RD
LADY LAKE FL 32158**7. Name and Address of New Registered Agent**

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	MOORE, EDWIN	
STREET ADDRESS	2934 GRIFFIN VIEW DRIVE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	WOLFE, MILDRED	
STREET ADDRESS	DIST RD 1-7009	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOLFE, ALVIN LEE	
STREET ADDRESS	E GRIFFIN RD	
CITY-ST-ZIP	LADY LAKE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3044 Edwards Rd	
STREET ADDRESS	Lady Lake, FL 32159	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3045 Griffin View Dr.	
STREET ADDRESS	Lady Lake, FL 32159	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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:** Ed Moore Vice Pres. **1-8-01** **352-753-2118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #