

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90073 046 ***150.00

AU067253

DO NOT WRITE IN THIS SPACE

DOCUMENT # **FL09997**

1. Entity Name
SUMMERLAND PALMS TRAILER PARK, INC.

Principal Place of Business Mailing Address
24864 OVERSEAS HWY. 15 UNQUA PL.
SUMMERLAND KEY, FL AMITYVILLE, NY

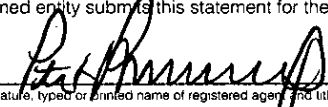
2. Principal Place of Business 3. Mailing Address
33042 11701
24864 OVERSEAS HWY. 15 UNQUA PL.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SUMMERLAND KEY, FL AMITYVILLE, NY
 Zip Country Zip Country
33042 USA 11701 USA

4. FEI Number Applied For
11-2623483 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Melvin Jessor
400 Jerico Tpke
Jerico, N.Y. 11753

7. Name and Address of New Registered Agent
 Name
PETER ROSASCO, CPA, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
25000 OVERSEAS HWY.
 City State Zip Code
SUMMERLAND KEY FL 33042

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  **PETER ROSASCO, CPA, P.A.** DATE **6-5-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

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

TITLE	<input type="checkbox"/> Delete
NAME	Pres & Treas Charles Klarmann
STREET ADDRESS	15 Unqua Place
CITY-ST-ZIP	Amityville, NY 11701
TITLE	<input type="checkbox"/> Delete
NAME	VP & Sec Alice Klarmann
STREET ADDRESS	same as Charles R.
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	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **CHARLES KLARMANN** Date **6/8/00** Daytime Phone # **631 691 1879**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)