

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90205 002 \*\*\*150.00

DOCUMENT # F96000004347

1. Entity Name

PREFERRED MANUFACTURED HOME BROKERS, INC.

Principal Place of Business

Mailing Address

1030 HASTINGS #111  
TRAVERSE CITY MI 49686

1030 HASTINGS #111  
TRAVERSE CITY MI 49684-8506

907499

2. Principal Place of Business

1231 M-37 SOUTH

Suite, Apt. #, etc.

3. Mailing Address

1231 M-37 SOUTH

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TRAVERSE CITY, MI.

City & State

TRAVERSE CITY, MI.

4. FEI Number

38-3162026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~GEES, GEORGE W~~  
~~6071 34TH ST., S.~~  
~~ST PETERSBURG FL 33711~~

7. Name and Address of New Registered Agent

Name Patricia Farrell

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

553 Sir Walter Way

City M. Fort Myers

FL Zip Code 33917

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

Patricia Farrell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-00

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 PDC  
NAME BAUMGARDNER, DOUGLAS  
STREET ADDRESS 4581 VANCE  
CITY-ST-ZIP TRAVERSE CITY MI 49686 ☐ Delete

TITLE V  
NAME KRAPOHL, LEROY  
STREET ADDRESS 913 LINCOLN  
CITY-ST-ZIP TRAVERSE CITY MI 49686 ☐ Delete

TITLE V  
NAME KRAPOHL, ALLAN  
STREET ADDRESS 913 LINCOLN  
CITY-ST-ZIP TRAVERSE CITY MI 49686 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐  
NAME  
STREET ADDRESS 4561 Vance  
CITY-ST-ZIP Traverse City, MI 49684

TITLE ☒ Change ☐  
NAME  
STREET ADDRESS 2780 Richards Place

TITLE ☐ Change ☐  
NAME  
STREET ADDRESS 2222 Holland Circle  
CITY-ST-ZIP Traverse City, MI 49684

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

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

TITLE ☐ Change ☐  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas Baumgardner

Date

1-20-00

Daytime Phone #

231-94303