

2001 UNIFORM BUSINESS REPORT (UBR)

06-14-2001 90012 024 ***150.00

DOCUMENT # F98000006093

1. Entity Name

C/G MOBILE HOME PARK, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -5 PM 1:10

Principal Place of Business
736 EUGENIA ROAD
VERO BEACH FL 32963

Mailing Address
36 EAST FOURTH STREET
STE 600
CINCINNATI OH 45202

NOV 1 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10305 US #1 South
Suite, Apt. #, etc.

3. Mailing Address
City & State
Sebastian, FL
Zip
32958

4. FEI Number 31-1619141
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROZELL, SHIRLEY A
1951 LAKE DAISY ROAD
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent
Name
H. Wayne Klekamp
Street Address (P.O. Box Number Is Not Acceptable)
161 Shores Drive
City
Indian River Shores FL Zip Code 32963

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 Dianne M Klekamp DATE 5/30/01
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KLEKAMP, H W 736 EUGENIA ROAD VERO BEACH FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KLEKAMP, DIANNE 736 EUGENIA ROAD VERO BEACH FL 32963	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Klekkamp, H.W. 161 Shores Drive Indian River Shores, FL 32963	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Klekkamp, Dianne 161 Shores Drive Indian River Shores, FL 32963	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Dianne M Klekamp Dianne M Klekamp 5/30/01 561-589-3481
Signature and typed or printed name of signing officer or director Date Daytime Phone