

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90318 007 ***150.00

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DOCUMENT # F98000006093

1. Entity Name
C/G MOBILE HOME PARK, INC.



Principal Place of Business
**10305 US #1 SOUTH
SEBASTIAN FL 32958**

Mailing Address
**36 EAST FOURTH STREET
STE 600
CINCINNATI OH 45202**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**KLEKAMP, H. WAYNE
161 SHORE DRIVE
INDIAN RIVER SHORES FL 32963**

Name

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

1561 Mizell Avenue

City

Winter Park

FL

Zip Code
32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dianne M. Klekamp*

4-28-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **KLEKAMP, H W**
STREET ADDRESS **161 SHORES DRIVE**
CITY-ST-ZIP **INDIAN RIVER SHORES FL 32963**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1561 Mizell Avenue**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **VS** ☐ Delete
NAME **KLEKAMP, DIANNE**
STREET ADDRESS **161 SHORES DRIVE**
CITY-ST-ZIP **INDIAN RIVER SHORES FL 32963**

TITLE ☒ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)