

6/12

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

06-12-2001 90002 033 \*\*\*150.00  
 06-25-2001 90041 047 \*\*\*400.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F99000004961**

1. Entity Name

**A/C MOBILE HOME PARK, INC.**

*(Handwritten initials)*

Principal Place of Business

**736 EUGENIA ROAD  
 VERO BEACH FL 32963**

Mailing Address

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

2. Principal Place of Business

**10305 US #1 South**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sebastian, FL**

City & State

4. FEI Number

**31-1611090**

Applied

Not Appl

Zip

**32958**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

*(Handwritten signature: H. Wayne Klekamp)*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/30/01**  
 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  
 Trust Fund Contribution. ☐

**\$5.00** May  
 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 KLEKAMP, H. WAYNE  
 736 EUGENIA ROAD  
 VERO BEACH FL 32963** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 Klekamp, H. Wayne  
 161 Shores Drive  
 Indian River Shores, FL 32963** ☒ Change ☐ Add

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD  
 KLEKAMP, DIANNE  
 736 EUGENIA ROAD  
 VERO BEACH FL 32963** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD  
 Klekamp, Dianne  
 161 Shores Drive  
 Indian River Shores, FL 32963** ☒ Change ☐ Add

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*(Handwritten signatures: H. Wayne Klekamp, Dianne Klekamp)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/30/01 561-589-3481**