

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90044 025 ***150.00

DOCUMENT # G70824

1. Entity Name
PONDEROSA TRAILER PARK, INC.

Principal Place of Business

% STAR ROUTE BOX 122
BUNNELL FL 32110

Mailing Address

% STAR ROUTE BOX 122
BUNNELL FL 32110

2. Principal Place of Business

5873 S. U.S. Hwy. 1

Suite, Apt. #, etc.

A-10

3. Mailing Address

5873 S. U.S. Hwy. 1

Suite, Apt. #, etc.

A-10

City & State

BUNNELL, FLORIDA

Zip

32110

Country

U.S.A.

City & State

BUNNELL FLORIDA

Zip

32110

Country

U.S.A.

4. FEI Number

59-2412601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D.
4 N. OLD KINGS RD., SUITE B
PALM COAST FL 32037

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PD** ☒ Delete
NAME **FILLINGER, HOMER**
STREET ADDRESS **6 GALLBERRY COURT**
CITY-ST-ZIP **BUNNELL FL 32110-2264**

TITLE **DT** ☐ Delete
NAME **ADAMS, CORA L**
STREET ADDRESS **5873 S US #1 HWY**
CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **DV** ☐ Delete
NAME **NIPPER, NADINE**
STREET ADDRESS **308 SOUTH FERN STREET**
CITY-ST-ZIP **SAN MATEO FL 32187**

TITLE **DS** ☐ Delete
NAME **THOMPSON, BESSIE**
STREET ADDRESS **STAR ROUTE BOX 93**
CITY-ST-ZIP **BUNNELL FL 32110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DT** ☒ Change ☐ Addition
NAME **ADAMS, CORA L.**
STREET ADDRESS **5873 S. U.S. Hwy. 1 A-10**
CITY-ST-ZIP **BUNNELL, FL 32110**

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

TITLE **PDS** ☒ Change ☐ Addition
NAME **THOMPSON, BESSIE**
STREET ADDRESS **510 COUNTY ROAD 330**
CITY-ST-ZIP **BUNNELL, FL 32110**

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

TITLE ☐ Change ☐ 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:

Cora L. Adams, Treasurer
CORA L. ADAMS, TREASURER

Date

Daytime Phone #

April 18, 2002

386-437-3507

CR2E034 (9/01)