2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G75862

1. Entity Name

GREYSTONE PARK MOBILE HOMES, INC.

Principal Place of Business

Mailing Address

13300 EAST TAMIAMI TRAIL

13300 EAST TAMIAMI TRAIL

IAPLES FL 33961-8708		NAPLES FL 34114-8701		U0005167		
2. Principal Place of Business		3. Mailing Address	,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-2354475 Applied For Not Applicable		
Zip ′	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
المراجعة الراجية المراجعة المر			Name	The state of the s		
GUIDISH, JAMES M. 13300 E. TAMIAMI TRAIL NAPLES FL 33962			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
NAFL	.ES FL 33902		City	FL Zip Code		
SIGNATURE 9. This corpor Tax filing re	Signature, typed or printed name of registered ager ration is eligible to satisfy its Intangib equirement and elects to do so.	t and title if applicable. (NO)* Ite FILE NOW!	E. Registered Agent signature red III FEE IS \$150.00 100 Fee will be \$550.0	10. Election Campaign Financing Trust Fund Contribution Added to Fees		
(See criteri			ele to Department of	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUIDISH, JAMES M. 13300 E. TAMIAMI TR. NAPLES FL	Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GUIDISH, ELLEN F 13300 E. TAMIAMI TRAIL NAPLES FL 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUIDISH, JAMES M. 13300 TAMIAMI TRAIL E NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS	☐ 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. MES M. GoldisH

CITY-ST-ZIP

SIGNATURE;

CITY-ST-ZIP

Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90234 034 ***150.00