

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G96528

1. Entity Name

CAPRI MOBILE HOME OWNERS', INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90087 012 \*\*\*158.75

Principal Place of Business	Mailing Address
24195 U.S. HWY 19. LOT <del>400</del> 426 #404 CLEARWATER FL 33763 US	24195 U.S. HWY 19. LOT <del>400</del> 426 #404 CLEARWATER FL 33763-4057 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. LOT 426		Suite, Apt. #, etc. LOT 426	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2419156	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FORD, EDWIN I.  
2307 WEST BAY DRIVE  
LARGO FL 33540

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 \_\_\_\_\_ (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, 2000 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	STD <input type="checkbox"/> Delete
NAME	DAVIS, MARY
STREET ADDRESS	24195 HWY 19 N, #426
CITY-ST-ZIP	CLEARWATER FL 33763
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KELLY, AILEEN
STREET ADDRESS	24195 U.S. 19. #431
CITY-ST-ZIP	CLEARWATER FL 33763
TITLE	D <input type="checkbox"/> Delete
NAME	WINTHER, ERNIE
STREET ADDRESS	24195 U.S. 19 #420
CITY-ST-ZIP	CLEARWATER FL 33763
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	JACKSON, GEO
STREET ADDRESS	24195 U.S. 19 #327
CITY-ST-ZIP	CLEARWATER FL 33763
TITLE	PD <input type="checkbox"/> Delete
NAME	BAROFSKI, BETSY
STREET ADDRESS	24195 HWY 19 N, #404
CITY-ST-ZIP	CLEARWATER FL 33763
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK GASKOVSKI
STREET ADDRESS	24195 U.S. HWY 19 N, LOT 212
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	ROXANNE LINDEMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	24195 U.S. HWY 19 N, LOT 407
STREET ADDRESS	CLEARWATER, FL 33763
CITY-ST-ZIP	DIRECTOR
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mary L. Davis Secy/Treas. 4/10/00 (727) 799-4069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)