

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90043 038 \*\*\*150.00

**DOCUMENT # G96528**

1. Entity Name  
**CAPRI MOBILE HOME OWNERS', INC.**

Principal Place of Business  
**24195 U.S. HWY 19. LOT #406  
 #404  
 CLEARWATER FL 33763  
 US**

Mailing Address  
**24195 U.S. HWY 19. LOT #406  
 #404  
 CLEARWATER FL 33763  
 US**



DO NOT WRITE IN THIS SPACE

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

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>CALLAHAN, JOHN T JR</b>	
STREET ADDRESS <b>24195 US HWY 19 N #426</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33763</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>REGNER, ROBERT N</b>	
STREET ADDRESS <b>24195 U.S. HWY 19 N #309</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33763</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>JOSPEL MARIE E</b>	
STREET ADDRESS <b>24195 U.S. 19 #420</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33763</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>MEHRMAN, JAKE</b>	
STREET ADDRESS <b>24195 US HWY 19 N LOT 212</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33763</b>	
TITLE <b>Secy/Treas</b>	<input type="checkbox"/> Delete
NAME <b>BAROFSKI, BETSY</b>	
STREET ADDRESS <b>24195 HWY 19 N, #404</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33763</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>BELVIS, RENEE</b>	
STREET ADDRESS <b>24195 HWY 19 #441</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33763</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Jean Hagan</b>	
STREET ADDRESS <b>24195 US HWY 19 N #434</b>	
CITY-ST-ZIP <b>Clearwater FL 33763</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Tim Devine</b>	
STREET ADDRESS <b>24195 US 19N #427</b>	
CITY-ST-ZIP <b>Clearwater FL 33763</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Anne Hardy</b>	
STREET ADDRESS <b>24195 US 19N #325</b>	
CITY-ST-ZIP <b>Clearwater FL 33763</b>	
TITLE	<input 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:** *Betsy Barofski* **4/26/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (9/01)