

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
 02-26-2001 90541 008 ***150.00

DOCUMENT # H30649

1. Entity Name

CLEWISTON TRAILER PARK, INC.

Principal Place of Business

% RUTH THOMPSON
 831 SAGAMORE STREET
 CLEWISTON FL 33440-4012

Mailing Address

% RUTH THOMPSON
 831 SAGAMORE STREET
 CLEWISTON FL 33440-4012

2. Principal Place of Business

831 E. Sagamore St.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Clewiston, Fla.

City & State

Zip

Zip

Country

U.S.A.

Country

4. FEI Number

59-2462637

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, RUTH
 831 SAGAMORE STREET
 CLEWISTON FL 33440

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, RUTH	
STREET ADDRESS	339 E. ESPERANZA	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTTLEY, TERRY D	
STREET ADDRESS	603 DUMVILLE AVE	
CITY-ST-ZIP	SUFFOLK VA 23434	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARRIS, CHERYL D.	
STREET ADDRESS	89 ERIE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Ruth A. Thompson - RUTH A. THOMPSON

Date

2/17/01

Daytime Phone #

983-2804

CR2E034 (10/00)