

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90224 021 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **H31696**

1. Entity Name  
**MHP 27 INC d/b/a ARROWHEAD CAMPSITES**

**DO NOT WRITE IN THIS SPACE**

40095780

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1720 NW 38 AV

Suite, Apt. #, etc.

3. Mailing Address

1720 NW 38 AV

Suite, Apt. #, etc.

City &amp; State

OCALA FL

City &amp; State

OCALA FL

4. FEI Number

592971848

Applied For

Not Applicable

Zip

34482

Country

MARION

Zip

34482

Country

MARION

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

## 7. Name and Address of Current Registered Agent

Name **SANMUGA SINTHARAM**

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

1720 NW 38 AVE

City

OCALA

FL

Zip Code

34482

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution.

☐

\$5.00 May Be  
 Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE

PRESIDENT

NAME

STREET ADDRESS

CITY-ST-ZIP

3512 SW 82 ST  
GAINESVILLE FL 34482

TITLE

SECRETARY

NAME

STREET ADDRESS

CITY-ST-ZIP

3512 SW 82ND ST  
GAINESVILLE, FL 34482

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

## 11.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
 IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/08 (352) 622 5627