

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H58105

1. Entity Name

MAS VERDE OF LAKE LAND MOBILE HOME OWNERS ASSOCIA

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90097 035 ***150.00

Principal Place of Business

2600 HARDEN BLVD.
BOX #176
LAKE LAND FL 33803-5927

Mailing Address

2600 HARDEN BLVD.
BOX #176
LAKE LAND FL 33803-5999

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2645517

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ESTES, EILEEN
2600 HARDEN BLVD LOT 157
LAKE LAND FL 33803

Name **JACK DOCKERY**
Street Address (P.O. Box Number is Not Acceptable)
2600 HARDEN BLVD #158
City **LAKE LAND** FL Zip Code **33803**

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 Judy A. Lea, Treasurer, JUDY A. LEA DATE 3/26/00
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LOUIE, CHARLES	
STREET ADDRESS	2600 HARDEN BLVD, LOT 130	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ESTES, EILEEN	
STREET ADDRESS	2600 HARDEN BLVD, LOT 90	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOTERF, CHARLES	
STREET ADDRESS	2600 HARDEN BLVD, LOT 87	
CITY-ST-ZIP	LAKE LAND FL 33803	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MACDONALD, DEBE	
STREET ADDRESS	2600 HARDEN BLVD, LOT 115	
CITY-ST-ZIP	LAKE LAND FL 33803	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COX, BETTY	
STREET ADDRESS	2600 HARDEN BLVD LOT 89	
CITY-ST-ZIP	LAKE LAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	JACK DOCKERY	
CITY-ST-ZIP	2600 HARDEN BLVD #158	
	LAKE LAND, FL. 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILEEN ESTES	
STREET ADDRESS	2600 HARDEN BLVD #90	
CITY-ST-ZIP	LAKE LAND, FL. 33803	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY A. LEA	
STREET ADDRESS	2600 HARDEN BLVD #343	
CITY-ST-ZIP	LAKE LAND, FL. 33803	
TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY CARR	
STREET ADDRESS	2600 HARDEN BLVD #348	
CITY-ST-ZIP	LAKE LAND, FL 33803	
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: Judy A. Lea, Treasurer, JUDY A. LEA DATE 3/26/00 DAYTIME PHONE # 863-802-8201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)