

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H60047

1. Entity Name

MO-TRAIL MOBILE HOME OWNERS INCORPORATED

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90229 001 ***150.00

Principal Place of Business

Mailing Address

5650 NEW TAMPA HWY
119
LAKELAND FL 33815
US

5650 NEW TAMPA HWY
119
LAKELAND FL 33815-0916
US

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

59-2540965

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

BIDDLE, VIRGINIA R
565 NEW TAMPA HWY LOT 119
LAKELAND FL 33815

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, 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 PD
NAME PATRIDGE, CLAENCE
STREET ADDRESS 5600 NEW TAMPA #77
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

TITLE VP
NAME EMERY, GWEN
STREET ADDRESS 5600 NEW TAMPA HWY #42
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

TITLE SD
NAME CARLSON, JO A
STREET ADDRESS 5650 NEW TAMPA HWY, #103
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE TD
NAME BIDDLE, VIRGINIA R.
STREET ADDRESS 5650 NEW TAMPA HWY, #119
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE D
NAME SIMKINS, BRANT
STREET ADDRESS 5600 NEW TAMPA HWY #8
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

TITLE D
NAME LEMON, MURRAY
STREET ADDRESS 5650 NEW TAMPA HWY #114
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

TITLE
NAME COTTRELL, RICHARD
STREET ADDRESS 5650 NEW TAMPA #107
CITY-ST-ZIP LAKELAND FL 33815 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: VIRGINIA R. BIDDLE Virginia R. Biddle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 13, 2000 863-688-7232
Date Daytime Phone #

CR2E034 (9/99)