

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J22484

1. Entity Name

WOODBIDGE MOBILE HOME OWNERS, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90103 015 \*\*\*150.00

Principal Place of Business

11055 SE FEDERAL HWY ~~110~~ *Office*  
 HOBE SOUND FL 33455  
 US

Mailing Address

11055 SE FEDERAL HWY ~~110~~ *Office*  
 HOBE SOUND FL 33455-5168  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

*Martin*

Zip

Country

*Martin*

4. FEI Number

59-2664245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HERRICK, FRANCIS L.  
 11055 S.E. FED HWY #88  
 HOBE SOUND FL 33455

*11055 SE Fed. Hwy #78  
 Hobe Sound, FL 33455*

Name

*Jefferson, Hulda JANE*

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

*11055 S.E. Fed. Hwy #78*

*Hobe Sound, FL 33455*

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

*Hulda Jane Jefferson*

*4/3/00*

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

**FILE NOW!!! FEE IS \$150.00**

Tax filing requirement and elects to do so:

(See criteria on back)

**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, VIRGINIA	
STREET ADDRESS	11055 S.E. FEDERAL HWY. #20	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, PATRICIA	
STREET ADDRESS	11055 S.E. FERAL HWY #68	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYLUS, BRUCE	
STREET ADDRESS	11055 S.E. FEDERAL HWY #90	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PORTER, RACHEL	
STREET ADDRESS	11055 SE FEDERAL HWY., # 33	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERRICK, FRANCIS L.	
STREET ADDRESS	11055 SE FEDERAL HWY #88	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THEODORA STANDT	
STREET ADDRESS	11055 SE FEDERAL HWY #103	
CITY-ST-ZIP	HOBE SOUND FL	

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jefferson, Hulda JANE	
STREET ADDRESS	11055 S.E. Fed. Hwy #78	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ooak, Sam	
STREET ADDRESS	11055 S.E. Fed. Hwy. #31	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Golden, Norm	
STREET ADDRESS	11055 S.E. Fed. Hwy #43	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GHERLONE, LOU	
STREET ADDRESS	11055 S.E. Fed. Hwy #80	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFE, WILLIAM	
STREET ADDRESS	11055 S.E. Fed. Hwy #3	
CITY-ST-ZIP	Hobe Sound, FL 33455	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patricia Kirkpatrick (Tres.)*

Date

Daytime Phone #

*4/3/00*

CR2E034 (9/99)