

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90094 016 ***150.00

0315364

DOCUMENT # J22484

1. Entity Name

WOODBIDGE MOBILE HOME OWNERS, INC.

Principal Place of Business

Mailing Address

11055 SE FEDERAL HWY #X
HOBE SOUND FL 33455
US

11055 SE FEDERAL HWY #X
HOBE SOUND FL 33455
US

2. Principal Place of Business

3. Mailing Address

11055 SE Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hobe Sound, FL

City & State

33455

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

JEFFERSON, JANE H
11055 S.E. FED HWY #78
HOBE SOUND FL 33455

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

Hilda Jane Jefferson

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	JEFFERSON, JANE	
STREET ADDRESS	11055 SE FED. HWY #78	
CITY-ST-ZIP	HOBE SOUND FL 33455	
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 checked="" type="checkbox"/> Delete
NAME	PORTER, RACHEL	
STREET ADDRESS	11055 SE FEDERAL HWY., # 33	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOAK, SAM	
STREET ADDRESS	11055 SE FED. HWY #31	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFE, WILLIAM	
STREET ADDRESS	11055 S.E. FED. HWY #3	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Porter, Homer	
STREET ADDRESS	11055 S.E. Federal Hwy #33	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goodwin, Edwin	
STREET ADDRESS	11055 S'E Federal Hwy # 86	
CITY-ST-ZIP	Hobe Sound FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Messenger, Gerald	
STREET ADDRESS	11055 S.E. Federal Hwy #70	
CITY-ST-ZIP	Hobe Sound FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Golden, Norman	
STREET ADDRESS	11055 S E Federal Hwy. #43	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Patricia Kirkpatrick Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01

Date

(561)
546-8652

Daytime Phone #

CR2E034 (10/00)