

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90112 039 \*\*\*150.00

**DOCUMENT # J63607**  
 1. Entity Name  
**MOBILE ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business 6741 S. TAMiami TRAIL SARASOTA FL 34231	Mailing Address 6741 S. TAMiami TRAIL SARASOTA FL 34231-4808
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2798064</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 STEPHEN H. KURVIN, ESQ.  
 7 SOUTH LIME AVENUE  
 SARASOTA FL 34237

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b>
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 \_\_\_\_\_ (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: P NAME: PRIB, LOUISE STREET ADDRESS: 2093 GLENWOOD DR. CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> Delete	TITLE: S NAME: Joseph Tiffany STREET ADDRESS: 2070 Sun Home St. CITY-ST-ZIP: Sarasota Fl 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BURGESS, DON STREET ADDRESS: 2080 TROTWOOD DR. CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> Delete	TITLE: VP NAME: Jeannette Guerrette STREET ADDRESS: 2089 Glenwood Dr CITY-ST-ZIP: Sarasota Fl 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: HODGSON, JOHN STREET ADDRESS: 2107 TROTWOOD DR. CITY-ST-ZIP: SARASOTA FL 34231	<input type="checkbox"/> Delete	TITLE: D NAME: Marjorie Weston STREET ADDRESS: 2077 Detroit St CITY-ST-ZIP: Sarasota Fl 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ANN PELLERIN STREET ADDRESS: 2062 CHAMPION CITY-ST-ZIP: SARASOTA FL	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Virginia Simpson STREET ADDRESS: 2073 N. Mobile Estates Dr CITY-ST-ZIP: Sarasota Fl 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: HOCHMUTH, FRANCIS STREET ADDRESS: 2081 DETROITER ST CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> Delete	TITLE: D NAME: Gordon Burton STREET ADDRESS: 2043 N. Mobile Estates Dr CITY-ST-ZIP: Sarasota Fl 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: LEDOUX, JACK STREET ADDRESS: 2063 N MOBILE ESTATES DR CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> Delete	TITLE: D NAME: Jack Ledoux STREET ADDRESS: 2063 N. Mobile Estates Dr CITY-ST-ZIP: Sarasota Fl 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:** *Signature Required* LOUISE E. PRIB - President - 4/25/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 941-924-3800