

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J67323

1. Entity Name
C & P TRAILER PARK, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90008 016 ***150.00

Principal Place of Business

410 LAKESHORE DRIVE
P.O. BOX 247
CANAL POINT FL 33438

Mailing Address

410 LAKESHORE DRIVE
P.O. BOX 247
CANAL POINT FL 33438

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2791213

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

MANCINI, ROBERT
410 LAKESHORE DR.
BOX 247
CANAL POINT FL 33438

Name

Olan B. James

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

12205 Lakeshore Dr. Lot 3

City

Canal Point

FL

Zip Code
33438

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 *Olan B. James*
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 ☒ Delete
NAME PATTERSON, L.G.
STREET ADDRESS RT 2 BOX 2598
CITY-ST-ZIP TALBOTT TN

TITLE T ☐ Delete
NAME CLARK, BOBBIE K.
STREET ADDRESS 412 LAKESHORE DRIVE.
CITY-ST-ZIP CANAL POINT FL

TITLE D ☒ Delete
NAME MANCINI, ROBERT D.
STREET ADDRESS 410 LAKESHORE DRIVE.
CITY-ST-ZIP CANAL POINT FL

TITLE Olan B. James ☐ Delete
NAME
STREET ADDRESS 12205 Lakeshore Dr. #3
CITY-ST-ZIP Canal Point, FL 33438

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE President ☒ Change ☐ Addition
NAME Clark, Bobby K.
STREET ADDRESS 12209 Lakeshore Dr.
CITY-ST-ZIP Canal Point, FL 33438

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

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

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

TITLE ☐ Change ☐ 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: *Bobby K. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby K. Clark

3-1-01

Date

561-924-0184

Daytime Phone #

CR2E034 (10/00)