

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010155

1. Entity Name

MOBILE HOME PARK, LLC

Principal Place of Business

Mailing Address

1500 N. Orange Avenue
Sarasota, FL 34236

1859 North Pine Island Road
Plantation, Florida 33322

2. Principal Place of Business

1500 N. Orange Avenue

3. Mailing Address

1859 North Pine Island Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Plantation, Florida

Zip
34236

Country
Sarasota

Zip
33322

Country
BROWARD

4. FEI Number

65-1038563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDREW L. REIFF, P. A.
135 W. Central Blvd., Southtrust Bank Bldg.
Suite #720
Orlando, Florida 32801

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member/President ☐ Delete
GEORGE RAY, JR.
1859 North Pine Island Road
Plantation, Florida 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member ☐ Delete
HUGH RAY
1859 North Pine Island Road
Plantation, Florida 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member ☐ Delete
MARY RAY
1859 North Pine Island Road
Plantation, Florida 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900004335209--6
-05/31/01--01009--007
*****50.00 *****50.00

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

GEORGE RAY, JR.

Date

Daytime Phone #

30 2001 876-952-0100

CR2E083 (1/100)

APPROVED
AND
FILED

01 MAY -3 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA