

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38364

1. Entity Name

SHERMAN PINES MOBILE HOME PARK, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90082 016 \*\*\*150.00

C0009185



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
6513 BAYLINE DRIVE  
PANAMA CITY FL 32404  
US

Mailing Address  
6513 BAYLINE DRIVE  
PANAMA CITY FL 32404-4805  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2652412**  
Applied For ☐ Not Applicable ☐

Zip Country Zip Country

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

SCOTT, JAMES R  
6513 BAYLINE DRIVE  
PANAMA CITY FL 32404

Name **SCOTT, JAMES R**  
Street Address (P.O. Box Number is Not Acceptable) **6513 BAYLINE DRIVE**  
City **PANAMA CITY** FL Zip Code **32404**

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]* 1/14/2000  
(NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	SCOTT, JAMES R	
STREET ADDRESS	6513 BAYLINE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCOTT, JAMES RAY	
STREET ADDRESS	6513 BAYLINE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCOTT, JAMES RAY	
STREET ADDRESS	6513 BAYLINE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *[Signature]* 1/14/2000 (850) 763-4834  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)