2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2002 8:00 am Secretary of State **DOCUMENT #** ·L82598 1. Entity Name LONE PINE RIDGE TRAILER PARK, INC. 02-21-2002 90111 004 ***150.00 Principal Place of Business Mailing Address %J MICHAEL REDMOND %J MICHAEL REDMOND 77 LONE PINE AVE 77 LONE PINE AVE PALM HARBOR FL 34683 PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3019066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REDMOND, JOHN F 2898 BELCHER ROAD PALM HARBOR FL 34683 City 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. gnature, typed or printed name of pristered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible · FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STD ☐ Delete TITLE CR2E034 (9/01) REDMOND, PEGGY S NAME NAME 2219 RANCHETTE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Palm Harbor Fl CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME REDMOND, JAMES MICHAEL NAME STREET ADDRESS 950 Kesler RD STREET ADDRESS CLEVELAND NC CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition REDMOND, JOHN FOSTER NAME NAME STREET ADDRESS 2898 BELCHER RD STREET ADDRESS CITY-ST-7IP PALM HARBOR FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition REDMOND, TINA MARIE NAME 327 STALLION CT STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.