

2002 UNIFORM BUSINESS REPORT (UBR)

0013964

DOCUMENT # M01000001478

1. Entity Name

H & M HARMONY MOBILE HOME PARK LTD, LLC DBA

Suncoast Gateway Mobile Village

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP 17 PM 1:09

W9/18

Principal Place of Business

Mailing Address

6010 RIDGE RD.
PORT RICHEY FL 34668

6010 RIDGE RD.
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

6010 Ridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Richey FL

City & State

Zip

County

34668

Zip

County

4. FEI Number 31-1188934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAMONTE, JONATHAN JAMES
12110 SEMINOLE BLVD.
LARGO FL 33778

Name

Wendie Smith

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

6010 Ridge Road

Port Richey

City

FL

Zip Code

34668

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

08/27/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member ☐ Delete
Hugh Reid
6010 Ridge Rd
Port Richey, FL 34668

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700007349787
-09/19/02--01062--001
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 REQUIRED

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

08/27/02 727-842-5818

Date

Daytime Phone #

CR2E083 (4/02)