

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01234

1. Entity Name

VILLAGE PARK MOBILE HOME OWNERS, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90040 008 ****61.25

Principal Place of Business

Mailing Address

3750 N.W. 52ND ST
FT LAUDERDALE FL 33309

3750 N.W. 52ND ST
FT LAUDERDALE FL 33309-2426

2. Principal Place of Business

5292 N.W. 36TH WAY
Suite, Apt. #, etc.

3. Mailing Address

5292 N.W. 36TH WAY
Suite, Apt. #, etc.

City & State
FT. LAUD FL

City & State
33309

4. FEI Number

65-0048295

Applied For

Not Applicable

Zip
33309

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, DENISE
3750 N.W. 52ND ST
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name DAVIS JOHN W III
Street Address (P.O. Box Number is Not Acceptable)
5292 N.W. 36TH WAY
FT LAUDERDALE
City FL Zip Code 33309

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 John W Davis III

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

(NOTE: Registered Agent signature required when reinstating)

2-5-00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SWERDLEN, BEVERLEE	
STREET ADDRESS	5437 N.W. 37TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON-BRUCE, TONY	
STREET ADDRESS	5287 N.W. 39TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, DENISE	
STREET ADDRESS	3750 N.W. 52ND ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	T	<input type="checkbox"/> Delete
NAME	PFEIFER, MARY	
STREET ADDRESS	3651 N.W. 52ND ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TROUM, RON	
STREET ADDRESS	5285 N.W. 37TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JACK	
STREET ADDRESS	5292 N.W. 36TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS JOHN W. III	
STREET ADDRESS	5292 N.W. 36TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	E.V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWERDLEN BEVERLEE	
STREET ADDRESS	5437 N.W. 37TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	S. MYERS, MAURICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3730 N.W. 52ND	
STREET ADDRESS	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG JOE	
STREET ADDRESS	5360 N.W. 36TH TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D. RAFFIETO, FRANK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3819 N.W. 53RD CT.	
STREET ADDRESS	FT. LAUDERDALE FL 33309	
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARY PFEIFER REQUIRED Mary Pfeifer 2/5/00 (954) 735-3086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)