

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01234

1. Entity Name

VILLAGE PARK MOBILE HOME OWNERS, INC.

FILED

Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90025 048 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

VILLAGE PARK MOBILE HOME OWNERS, INC.  
FT. LAUDERDALE FL 33309

5327 NW 39TH AVE  
FT. LAUDERDALE FL 33309

(Delete)

so  
Mary Pfeifer, Treas.

2. Principal Place of Business

3. Mailing Address

3651 NW 52 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL.

Zip

Country

Zip

Country

33309

4. FEI Number

65-0048295

Applied For

Not Applicable

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

HINSON, WILLIAM H  
5327 NW 39TH AVE  
FT. LAUDERDALE FL 33309

(Delete)

Name  
Maurice F. Myers

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

3730 NW 52nd STREET

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

Maurice F. Myers

March 20, 2002

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

(NOTE: Registered agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINSON, WILLIAM H 5327 NW 39TH AVE FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAYES, WILLIAM B 528 NW 36TH TERR FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, MAURICE 3730 NW 52ND ST FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PFEIFER, MARY 3651 N.W. 52ND ST FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete (TREAS)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. GOLDBERG, JOE 5360 NW 36TH TERR FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP FORSETH, EDWIN O 3644 NW 53RD PLACE FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Pres.) MAURICE F. MYERS 3730 NW 52nd Street Ft. Lauderdale, FL. 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Ex-VP) P. Ronald Boulay 3728 NW 53 CT. Ft. Lauderdale, FL. 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Secy) JANET DAVIS 5292 NW 36th WAY Ft. Lauderdale, FL. 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Dir.) W. C. Thompson 5476 NW 37th TERR Ft. Lauderdale, FL. 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Dir.) Lloyd Spiro 3721 NW 52 ST. Ft. Lauderdale, FL. 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Dir.) Robert Fuller 3735 NW 52 PL. Ft. Lauderdale, FL. 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: MARYNA PFEIFER Mary A. Pfeifer 3/20/02 (954) 735-3086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)