

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90013 013 *****61.25

DOCUMENT # N02459

1. Entity Name

GEM ESTATES MOBILE HOME VILLAGE ASSOCIATION, INC

Principal Place of Business

**39412 ELGIN DRIVE
ZEPHYRHILLS FL 33540**

Mailing Address

**39412 ELGIN DRIVE
ZEPHYRHILLS FL 33540**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2391102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIS, KENNETH D.
2515 ROCKFORD AVENUE
ZEPHYRHILLS FL 33540**

7. Name and Address of New Registered Agent

Name

Lester A. Ott

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

39514 Sycamore Ln

Zephyrhills,

City

FL

Zip Code
33540

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 *Lester A. Ott*
Signature, typed or printed name of registered agent and title if applicable.

Lester A. Ott

(NOTE: Registered Agent signature required when reinstating)

April 3, 2001

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | SHERMAN, VARNEY | |
| STREET ADDRESS | 39407 ROCKFORD AVE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33540 | |
| TITLE | 1VPD | <input checked="" type="checkbox"/> Delete |
| NAME | GAMLEN, ROSEMARY | |
| STREET ADDRESS | 39450 ROCKFORD AVENUE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33540 | |
| TITLE | 2VPD | <input checked="" type="checkbox"/> Delete |
| NAME | LESTER, OTT | |
| STREET ADDRESS | 39514 SYCAMORE LANE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33540 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | OTT, JOHANNA | |
| STREET ADDRESS | 39514 SYCAMORE LANE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33540 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | MARTINSON, HELEN | |
| STREET ADDRESS | 39625 ROCKFORD | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33540 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MOREHOUSE, ED | |
| STREET ADDRESS | 39424 ROCKFORD AVENUE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33540 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LESTER OTT | |
| STREET ADDRESS | 39514 SYCAMORE LANE | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 33540 | |
| TITLE | 1-VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HELEN SPRINGER | |
| STREET ADDRESS | 39352 SYCAMORE LANE | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 33540 | |
| TITLE | 2-VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JUANITA CARMELL | |
| STREET ADDRESS | 39419 DUNDEE | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 33540 | |
| TITLE | SEC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALICE HULETT | |
| STREET ADDRESS | 39532 DUNDEE | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 33540 | |
| TITLE | TREAS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACK STONESTREET | |
| STREET ADDRESS | 39645 ELGIN DRIVE | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 33540 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDWARD JOYCE | |
| STREET ADDRESS | 39432 STERLING | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 33540 | |

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: *Lester A. Ott* **Lester A. Ott**

April 3, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

GEM ESTATES MOBILE HOME VILLAGE ASSOCIATION, INC.

39412
ELGIN DRIVE
ZEPHYRHILLS, FL 33540

ADDITIONAL DIRECTORS:

CLARENCE CONNON
39400 DUNDEE
ZEPHYRHILLS, FL 33540

TOM GREENWOOD
39539 SYCAMORE
ZEPHYRHILLS, FL 33540

HAROLD PALMER
39606 ELGIN
ZEPHYRHILLS, FL 33540

WAYNE MACOMBER
39550 ELGIN
ZEPHYRHILLS, FL 33540

Attachment
#N02459
A0043539