

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04359

1. Entity Name

CAREFREE COVE MOBILE HOME OWNERS, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90162 001 ****61.25

Principal Place of Business

Mailing Address

3273 NW 37TH ST.
P.O. BOX 491425
LAUDERDALE LKS FL 33309
US

3273 NW 37TH ST.
P.O. BOX 491425
LAUDERDALE LKS FL 33309-5545
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BENOIT, JOSEPH C.L.
3225 N.W. 27TH STREET
LAUDERDALE LAKES FL 33309

Name

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

City

FL

Zip Code

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

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	P	<input type="checkbox"/> Delete
NAME	BENOIT, JOSEPH C.L.	
STREET ADDRESS	3225 N.W. 37TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUENARME, YVETTE	
STREET ADDRESS	2257 NW 34 CT.	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEONARD, JAMES	
STREET ADDRESS	3631 NW 32ND WAY	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEATO, LEONORA	
STREET ADDRESS	3256 N.W. 34TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORTIN, JACQUILINE	
STREET ADDRESS	3257 N.W. 37TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAND, ROSE	
STREET ADDRESS	3601 N.W. 32ND WAY	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH AUEDISAN	
STREET ADDRESS	3257 NW 35 th CT LAUDERDALE 33309	
CITY-ST-ZIP	LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBERT SIMPSON	
STREET ADDRESS	3631 NW 32 nd AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS BOUCHARD	
STREET ADDRESS	3550 NW 32 nd AVE LAUDERDALE LAKES FL	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: PRE-SIGNATURE REQUIRED Joseph C. L. Benoit Date Jan 4 - 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 954-139-8010