

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N04359**

1. Entity Name

**CAREFREE COVE MOBILE HOME OWNERS, INC.**

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



DO NOT WRITE IN THIS SPACE

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  Delete  
 NAME **P**  
**BENOIT, JOSEPH C.L.**  
 STREET ADDRESS **3225 N.W. 37TH STREET**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE  Change  Addition  
 NAME **D**  
**RALPH AUEDISAH**  
 STREET ADDRESS **LAKE**  
**3257 NW 35<sup>th</sup> CT LAUDERDALE 33309**

TITLE  Delete  
 NAME **VP**  
**DUENARME, YVETTE**  
 STREET ADDRESS **2257 NW 34 CT.**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE  Change  Addition  
 NAME **D**  
**HERBERT SIMPSON**  
 STREET ADDRESS **3530<sup>th</sup>**  
**3631 NW 32<sup>nd</sup> AVE LAUDERDALE LAKES FL**

TITLE  Delete  
 NAME **S**  
**LEONARD, JAMES**  
 STREET ADDRESS **3631 NW 32ND WAY**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE  Change  Addition  
 NAME **D**  
**LOUIS BOUCHARD**  
 STREET ADDRESS **3530<sup>th</sup>**  
**3550 NW 32<sup>nd</sup> AVE LAUDERDALES LAKES FL**

TITLE  Delete  
 NAME **T**  
**BEATO, LEONORA**  
 STREET ADDRESS **3256 N.W. 34TH STREET**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE  Change  Addition

TITLE  Delete  
 NAME **D**  
**FORTIN, JACQUILINE**  
 STREET ADDRESS **3257 N.W. 37TH STREET**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE  Change  Addition

TITLE  Delete  
 NAME **D**  
**BAND, ROSE**  
 STREET ADDRESS **3601 N.W. 32ND WAY**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE  Change  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: **PR. SIGNATURE REQUIRED** *Joseph C. L. Benoit* **Jan 4 - 2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**954-13928010**

CPREC037 (9/99)