

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

0045991

**DOCUMENT # NO4359**

1. Entity Name

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

03-26-2001 90136 025 \*\*\*\*61.25

Principal Place of Business  
**3273 NW 37TH ST.  
P.O. BOX 491425  
LAUDERDALE LKS FL 33309  
US**

Mailing Address  
**3273 NW 37TH ST.  
P.O. BOX 491425  
LAUDERDALE LKS FL 33309  
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 **ELLEN M. BRIGGS**

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

**3225 NW 34TH ST**

City **FT. LAUDERDALE 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 *Ellen M. Briggs*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRIGGS ELLEN 3225 NW 34th Street LAUDERDALE LAKES FL 33309</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LUCAS BARBARA 3216 NW 35TH COURT LAUDERDALE LAKES FL 33309</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHUMACHER STEVEN 3409 NW 32nd way LAUDERDALE LAKES FL 33309</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HADSALL LOAN 3410 NW 34th STREET LAUDERDALE LAKES FL 33309</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANDS LARRY 3420 NW 32nd AVE LAUDERDALE LAKES FL 33309</b>	<input checked="" type="checkbox"/> Change <input 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: *Ellen M. Briggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

954 733 9112

Daytime Phone #

CR2E037 (10/00)