

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06279

1. Entity Name

PINE FOREST MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

76 GARDENIA LN
ORANGE CITY FL 32763
US

Mailing Address

76 GARDENIA LN
ORANGE CITY FL 32763
US

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

59-2522548

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

WHITE, THOMAS
145 WESTLAKE DR
ORANGE CITY FL 32763

Name

JAMES C. SCHMITT

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

4 WESTLAKE DRIVE

City

ORANGE CITY

FL

Zip Code

32763

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

James C. Schmitt

PRES

2-23-00

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 WHITE, THOMAS 145 WESTLAKE DR ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLACK, CLAIRE 112 WESTLAKE DR ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLATT, HELEN 56 WESTLAKE DR ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'CONNOR, AGNES 150 WESTLAKE DR ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BREAU, ROBERT 145 WESTLAKE DR ORANGE CITY FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD GILLES, LYRNE 148 WESTLAKE DR ORANGE CITY FL 32763	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES C. SCHMITT 4 WESTLAKE DRIVE ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTA KNOLL 106 WESTLAKE DRIVE ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYNNE GILLES 148 WESTLAKE DRIVE ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES SCHMITT 4 WESTLAKE DRIVE ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD THOMAS WHITE 145 WESTLAKE DRIVE ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ROBERT BREAU 145 WESTLAKE DRIVE ORANGE CITY FL 32763	<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:

James C. Schmitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-00

Date

(904) 775-3531

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90012 022 ****70.00