

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** NO 0452

**1. Entity Name** Lone Pine Mobile Village Homeowners Ass, Inc.

**20000 West Dixie Hwy, North Miami Beach, Fl. 33180, Lot 105**

**Principal Place of Business** **Mailing Address**

**FILED**

00 DEC 22 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**REINSTATEMENT** 2000

**4. FEI Number** ☒ 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**

Ass Lone Pine Inc DALVA LALLO

20000 West Dixie Hwy Street Address (P.O. Box Number is Not Acceptable)

North Miami FL 33180 FL 33180 20000 Dixie Hwy West Lot A 103

City FL Zip Code 33180

North Miami beach

**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] DALVA LALLO December 16, 2000

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 <u>Pres</u> <u>Paul Thibault</u> <input type="checkbox"/> Delete	NAME <u>20000 W Dixie Hwy H 729</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>North Miami FL 33180</u>	CITY-ST-ZIP	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>Pres</u> <u>Irene Gaudreault</u> <input type="checkbox"/> Delete	NAME <u>20000 W Dixie H 819</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>North Miami FL 33180</u>	CITY-ST-ZIP	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>Sec</u> <u>Gerald Jackson</u> <input type="checkbox"/> Delete	NAME <u>20000 W Dixie Hwy H 105</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>North Miami FL 33180</u>	CITY-ST-ZIP	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>V-Pres</u> <u>Rhoda Parent #200</u> <input type="checkbox"/> Delete	NAME <u>Vice-Presidente</u>	TITLE <u>dir</u> <u>Quella T. Frabotta</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>20000 W Dixie Hwy</u>	CITY-ST-ZIP	STREET ADDRESS <u>20000 W. Dixie</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	CITY-ST-ZIP <u>N. Miami Bch. FL 33180</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	CITY-ST-ZIP	<input 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:** [Signature] December 16, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)