

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90916 005 \*\*\*\*61.25

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DOCUMENT # N07560

1. Entity Name

HILLSIDE MOBILE HOME OWNER'S, INC.

Principal Place of Business

Mailing Address

PATRICK A. PAONE

39625 PAPAYA AVE

ZEPHYRHILLS FL 33540

US

PATRICK A. PAONE

39625 PAPAYA AVE

ZEPHYRHILLS FL 33540

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2828202

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

PAONE, PATRICK A

39625 PAPAYA AVE

ZEPHYRHILLS FL 33540

LOUISE R. SLINGERLAND  
39713 PERSIMMON AVE  
ZEPHYRHILLS, FL 33540

Name

LOUISE SLINGERLAND

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

39713 PERSIMMON AVE

City

ZEPHYRHILLS

FL

Zip Code

33540

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 D  
NAME GILLAM, JUDY  
STREET ADDRESS 6524 PECAN DR.  
CITY-ST-ZIP ZEPHYRHILLS FL ☒ Delete

TITLE PD  
NAME PAONE, PATRICK A  
STREET ADDRESS 39625 PAPAYA AVE  
CITY-ST-ZIP ZEPHYRHILLS FL ☒ Delete

TITLE T  
NAME SIMGERLAND LOUISE  
STREET ADDRESS 39713 PERSIMMON AVE  
CITY-ST-ZIP ZEPHYRHILLS FL 33546 ☐ Delete

TITLE PD  
NAME COLF, KEN  
STREET ADDRESS 39712 SWEETGUM AVE  
CITY-ST-ZIP ZEPHYRHILLS FL ☐ Delete

TITLE S  
NAME BEAN, BEVERLY  
STREET ADDRESS 39657 PER SIMMON AVE  
CITY-ST-ZIP ZEPHYRHILLS FL ☐ Delete

TITLE VD  
NAME HIAR, DON  
STREET ADDRESS 39640 PAPAYA  
CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☐ Delete

TITLE D  
NAME RUSSELL CARRICK  
STREET ADDRESS 39618 PAPAYA  
CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☒ Change ☐ Addition

TITLE VD  
NAME RUPERT HALL  
STREET ADDRESS 39608 SWEETGUM AVE  
CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME COLF, KEN  
STREET ADDRESS 39712 SWEETGUM AVE  
CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

LOUISE SLINGERLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUISE SLINGERLAND 813-783-2585  
3 Date Daytime Phone #

CR2E037 (9/01)