

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08214

1. Entity Name

UNITED MOBILE HOME OWNERS OF OAKVIEW ESTATES, IN

Principal Place of Business

2552 N.E. TURNER AVE
LOT 86
ARCADIA FL 34266
US

Mailing Address

2552 N.E. TURNER AVE
LOT 86
ARCADIA FL 34266-5312
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WITHAM, ELAINE J
2552 N.E. TURNER AVE #86
LOT #89
ARCADIA FL 33821

7. Name and Address of New Registered Agent

Name
COOK, ROBERTA M.
Street Address (P.O. Box Number is Not Acceptable)
2552 N.E. TURNER AVE #80
ARCADIA
City
FL Zip Code
34266

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

Roberta M. Cook, Sec. Treas.

1-14-00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASCHUE, JACK 2552 NE TURNER AVENUE #114 ARCADIA FL 34266	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUCK, DONALD 2552 NE TURNER AVE #55 ARCADIA FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WITHAM, ELAINE 2552 NE TURNER AVENUE #86 ARCADIA FL 34266	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRAY, DONALD 2552 NE TURNER AVE #18 ARCADIA FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNILL, WILLIAM 2552 NE TURNER AVE #34 ARCADIA FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUCK, DONALD 2552 NE TURNER AVE #55 ARCADIA, FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHILL, WILLIAM 2552 NE TURNER AVE #34 ARCADIA, FL 34266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TREAS. COOK, ROBERTA 2552 NE TURNER AVE #80 ARCADIA, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, CHARLES 2552 NE TURNER AVE #72 ARCADIA, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, BOB 2552 NE TURNER AVE #15 ARCADIA, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:

Roberta M. Cook, Sec. Treas.

1-14-00

863-494-9669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90206 018 ****61.25

902333



DO NOT WRITE IN THIS SPACE