

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90178 012 ****61.25

DOCUMENT # N08260

1. Entity Name

MAI TAI MOBILE HOME ASSOCIATION, INC.

Principal Place of Business

7417 MOLOKAI ST
 ORLANDO FL 32822
 US

Mailing Address

7417 MOLOKAI ST
 ORLANDO FL 32822
 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

34-6129037

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

LEE JAY COLLING & ASSOCIATES, P.A.
500 N. MAITLAND AVE
STE. 203
MAITLAND FL 32751

Name

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

City

FL

Zip Code

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
 NAME **TD D'AMBRUOSO** ☐ Delete
 STREET ADDRESS **D'AMBRUOSO, NICK**
 CITY-ST-ZIP **7341 MAI TAI DRIVE**
ORLANDO FL 32822

TITLE
 NAME **TD D'AMBRUOSO, Nick** ☒ Change ☐ Addition
 STREET ADDRESS **7341 Mai Tai Dr**
 CITY-ST-ZIP **Orlando FL 32822**

TITLE
 NAME **PD JONES, TERRY W** ☐ Delete
 STREET ADDRESS **7340 PAGO ST**
 CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE
 NAME **VPD FASICK, VICKI** ☐ Delete
 STREET ADDRESS **7343 MAI TAI DR.**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE
 NAME **VP FASICK VICKI** ☒ Change ☐ Addition
 STREET ADDRESS **7343 Mai Tai Dr**
 CITY-ST-ZIP **Orlando FL 32822**

TITLE
 NAME **VPD BECKER, RON** ☐ Delete
 STREET ADDRESS **7403 MOLOKAI ST**
 CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE
 NAME **SD BERRY, CECILIA** ☐ Delete
 STREET ADDRESS **7319 PAGO ST**
 CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE
 NAME **D GRIMALDI, GARY** ☐ Delete
 STREET ADDRESS **7315 MAI TAI DR**
 CITY-ST-ZIP **ORLANDO FL 32822**

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

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:

TERRY W JONES **1-16-01** **407-381-0662**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)