

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12932

1. Entity Name

LAKE MARIAN MARINA MOBILE HOME PARK HOMEOWNER'S

Principal Place of Business

Mailing Address

% BEN NORD 901 ARNOLD RD
LOT 21
KENANSVILLE FL 34739
US

% BEN NORD, 901 ARNOLD RD
LOT 21
KENANSVILLE FL 34739
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, HELEN F
901 ARNOLD RD
LOT 12
KENANSVILLE FL 34739

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 PD NORRIS
NAME NORD, BEN D
STREET ADDRESS 901 ARNOLD RD, LOT 21
CITY-ST-ZIP KENANSVILLE FL ☐ Delete

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

TITLE TDDS
NAME HALL, HELEN D
STREET ADDRESS 901 ARNOLD RD, LOT 12
CITY-ST-ZIP KENANSVILLE FL ☐ Delete

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

TITLE DVP
NAME MARTINI, CHESTER X
STREET ADDRESS 901 ARNOLD RD, LOT 6
CITY-ST-ZIP KENANSVILLE FL ☐ Delete

TITLE Vice Pres.
NAME Jack James D
STREET ADDRESS 901 Arnold Rd. Kenansville, Fl. 34739
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-2001 407.436-1653

Date

Daytime Phone #

3
FILED
Mar 14, 2001 8:00 am
Secretary of State

03-01-2001 90001 033 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)