

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/21

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90037 009 \*\*\*\*61.25

**DOCUMENT # N14220**

1. Entity Name

**CAPITAL MOBILE HOME PARK ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5110 - 14TH STREET WEST  
BRADENTON FL 34207

5110 - 14TH STREET WEST  
BRADENTON FL 34207

2. Principal Place of Business

**5110 14th St. West**

3. Mailing Address

**5110 14th St. West**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bradenton, Fl.**

City & State

**Bradenton, Fl.**

Zip  
**34207**

Country

**Manatee**

Zip

**34207**

Country

**Manatee**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**31-7389522**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LITTLE, JAMES H**  
**5110 - 14TH STREET WEST**  
**LOT 68**  
**BRADENTON FL 34207**

7. Name and Address of New Registered Agent

Name  
**William F. Wagner**

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

**5110 14th St W.**

Lot 54

City  
**Bradenton**

FL

Zip Code  
**34207**

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 *William F. Wagner*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/16/02**

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	VP	<input type="checkbox"/> Delete
NAME	<b>YOUNG, CARMEN</b>	
STREET ADDRESS	<b>5110 14TH ST W LOT 37</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>BOWLING, DELORES</b>	
STREET ADDRESS	<b>5110 14TH ST W LOT 73</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, LUCILLE</b>	
STREET ADDRESS	<b>5110 14TH ST W LOT 69</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>JACOBS, PAT</b>	
STREET ADDRESS	<b>5110 14TH ST W LOT 48</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>WIREY, BARBARA</b>	
STREET ADDRESS	<b>5110 14TH ST W LOT 71</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Young, Carmen</b>	
STREET ADDRESS	<b>5110 14th St. W. Lot 37</b>	
CITY-ST-ZIP	<b>Bradenton, Fl 34207</b>	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stedum, Norm</b>	
STREET ADDRESS	<b>5110 14th St W. Lot 45</b>	
CITY-ST-ZIP	<b>Bradenton, Fl. 34207</b>	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Johnson, Lucille</b>	
STREET ADDRESS	<b>5110 14th St. W. Lot 69</b>	
CITY-ST-ZIP	<b>Bradenton, Fl. 34207</b>	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gilchrist, Virginia</b>	
STREET ADDRESS	<b>5110 14 Th St. W. Lot 9</b>	
CITY-ST-ZIP	<b>Bradenton, Fl. 34207</b>	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wirey, Barbara</b>	
STREET ADDRESS	<b>5110 14th St W. Lot 71</b>	
CITY-ST-ZIP	<b>Bradenton, Fl. 34207</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Barbara Wirey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-16-02**

Date

**941-727-1933**

Daytime Phone #

CR2E037 (9/01)