

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14899

1. Entity Name

RAMBLEWOOD MOBILE HOME OWNERS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90047 034 ****61.25

Principal Place of Business

RAMBLEWOOD BLVD
ZEPHYRHILLS FL
US

Mailing Address

3807 TALL OAKS LANE
ZEPHYRHILLS FL 33541-6419
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3807 TALL OAKS LANE

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL.

Zip

33541

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

BRUCE, JACK
3807 TALL OAKS LANE
ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name

JACK BRUCE

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

3807 TALL OAKS LANE

City

ZEPHYRHILLS

FL

Zip Code

33541

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

TITLE **D** ☒ Delete
NAME **DOBSON, BILL**
STREET ADDRESS **38115 OVERBROOK**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **D** ☐ Delete
NAME **BRUCE, J**
STREET ADDRESS **3807 TALL OAKS**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **D** ☒ Delete
NAME **BENNER, D**
STREET ADDRESS **3751 OAKHURST**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **D** ☐ Delete
NAME **MCPHEEE, M**
STREET ADDRESS **38349 RAMBLEWOOD**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Pres.** ☒ Change ☐ Addition
NAME **ROCKEY, Clint**
STREET ADDRESS **3830 Oakhurst**
CITY-ST-ZIP **ZEPHYRHILLS, FL.**

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

TITLE **D** ☒ Change ☐ Addition
NAME **MULLER, Bob**
STREET ADDRESS **3846 Brookside**
CITY-ST-ZIP **ZEPHYRHILLS, FL**

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

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

TITLE ☐ Change ☐ 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: JACK OUBRUCE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-782-8773

Date

Daytime Phone #

CR2E037 (9/99)