

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20170

1. Entity Name

BAHR'S MOBILE HOMEOWNERS COOPERATIVE, INC.

Principal Place of Business

39444 DANCERS LANE
ZEPHYRHILLS FL 33540

Mailing Address

39444 DANCERS LANE
ZEPHYRHILLS FL 33540

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

65-0019771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CADY, DOROTHY E
6537 BAHR'S DR
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

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	P	<input checked="" type="checkbox"/> Delete
NAME	WADSWORTH, FLOYD	
STREET ADDRESS	39411 MELONIE LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LANG, ELTON	
STREET ADDRESS	39433 ENID AVENUE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAECKENS, LETA	
STREET ADDRESS	39430 ENID AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	TD	<input type="checkbox"/> Delete
NAME	IMM, DONALD	
STREET ADDRESS	6643 FAY DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CULLISON, JACK	
STREET ADDRESS	39438 FAIRLANE DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEARD, BUD	
STREET ADDRESS	39421 RINGWOOD AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL	

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed BEARD	
STREET ADDRESS	39425 RINGWOOD AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK CULLISON	
STREET ADDRESS	39438 FAIRLANE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUY BYRD	
STREET ADDRESS	6533 BAHR'S DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roy Bennett	
STREET ADDRESS	39420 DANCERS LN	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

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: X DOROTHY E. CADY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01 (813) 782-7201
Date Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90166 031 ****61.25

00014670



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)