

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/8/01

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90001 046 \*\*\*\*70.00

**DOCUMENT # N26607**

1. Entity Name

**CONRAD MOBILE HOME PARK ASSOC., INC.**

Principal Place of Business

9333 PARK BLVD.  
 LOT 4-D  
 SEMINOLE FL 33777  
 US

Mailing Address

9333 PARK BLVD.  
 LOT 4-D  
 SEMINOLE FL 33777  
 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

59-2921094

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

~~EMMONS, BARBARA~~  
~~9333 PARK BLVD~~  
~~LOT 19-A~~  
~~SEMINOLE FL 33777~~

Hicks, Dorothy  
 9333 Park Blvd.  
 Lot 20B  
 Seminole Fl 33777

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

*Dorothy L. Hicks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

*3/16/001*  
 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	VD	<input type="checkbox"/> Delete
NAME	REINHOLD, BYRON	
STREET ADDRESS	9333 PK BLVD LOT C-12	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARTNER, ERNEST	
STREET ADDRESS	933 PARK BLVD, 18-B	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	<del>MOON, GARY</del> Matthews, Roy	
STREET ADDRESS	<del>9333 PARK BLVD LOT 112A</del> 9333 Park Blvd	
CITY-ST-ZIP	<del>SEMINOLE FL</del> Seminole Fl	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCMURPHY, CLYDE	
STREET ADDRESS	9333 PARK BLVD., LOT 4-D	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	<del>BLANCHARD, EDITH</del> Blanchard, Edith	
STREET ADDRESS	<del>9333 PARK BLVD LOT 112A</del> 9333 Park Blvd.	
CITY-ST-ZIP	<del>SEMINOLE FL</del> Seminole Fl	
TITLE	D	<input type="checkbox"/> Delete
NAME	OUELLETTE, EMIL	
STREET ADDRESS	9333 PARK BLVD LOT 3D	
CITY-ST-ZIP	SEMINOLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

There was no changes on this form for this year, 2001

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:

*CLYDE MCMURPHY*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-27-01 787 391 4781*

CR2E037 (10/00)