

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
 03-12-2001 90424 006 ****61.25

DOCUMENT # N47957

1. Entity Name

TAYLOR CREEK LODGE MOBILE HOME PARK HOMEOWNER'S

Principal Place of Business

2730 HWY 441 SE
 M.H. #26
 OKEECHOBEE FL 34972

Mailing Address

3975 S.E. 29TH WAY
 TAYLOR CREEK LODGE M.H. 26
 OKEECHOBEE FL 34974

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

NOT APPLICABLE

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

COOK, JOHN R.
 202 NW 5TH AVE
 OKEECHOBEE FL 34972

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
 NAME LYNCH, DONALD ☐ Delete
 STREET ADDRESS 3860 S.E. 29TH WAY TAYLOR CREEK LODGE
 CITY-ST-ZIP OKEECHOBEE FL

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

TITLE VD
 NAME KEEFER, MERLE ☐ Delete
 STREET ADDRESS 3975 S.E. 29TH WAY TAYLOR CREEK LODGE
 CITY-ST-ZIP OKEECHOBEE FL

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

TITLE D
 NAME CHAMBLISS, HASKELL ☒ Delete
 STREET ADDRESS 3800 S.E. 29TH WAY TAYLOR CREEK LODGE
 CITY-ST-ZIP OKEECHOBEE FL

TITLE D
 NAME DONALD ERWAY ☐ Change ☒ Addition
 STREET ADDRESS 3890 S.E. 29TH WAY
 CITY-ST-ZIP OKEECHOBEE, FL

TITLE SD
 NAME WILLIS, SHIRLEY ☒ Delete
 STREET ADDRESS 3792 S.E. 29TH WAY TAYLOR CREEK LODGE
 CITY-ST-ZIP OKEECHOBEE FL

TITLE D
 NAME James Edmonds ☐ Change ☒ Addition
 STREET ADDRESS 3950 S.E. 29TH WAY
 CITY-ST-ZIP OKEECHOBEE, FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME Gene Bieker ☐ Change ☒ Addition
 STREET ADDRESS 3875 S.E. 29TH WAY
 CITY-ST-ZIP OKEECHOBEE, FL

TITLE ☐ Delete
 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: *Merle Keefe* 3-8-01 8634678565
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)