

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000002354**

1. Entity Name

WILDWOOD CITY MOBILE HOME PARK HOMEOWNER'S ASSOC

Principal Place of Business

**335 YOUNG CIRCLE
WILDWOOD FL 34785
US**

Mailing Address

**335 YOUNG CIRCLE
WILDWOOD FL 34785
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**UPTON DOREENE
335 YOUNG CIR
WILDWOOD FL 34785**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	UPTON, DOREEN	
STREET ADDRESS	335 YOUNG CIR	
CITY-ST-ZIP	WILDWOOD FL	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	DUBRAVETZ, RUBY	
STREET ADDRESS	337 YOUNG CIR	
CITY-ST-ZIP	WILDWOOD FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, JUDY	
STREET ADDRESS	305 YOUNG CIRCLE	
CITY-ST-ZIP	WILDWOOD FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	KIEHL, CHARLES	
STREET ADDRESS	342 YOUNG CIR	
CITY-ST-ZIP	WILDWOOD FL	

TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER, HAZEL	
STREET ADDRESS	331 YOUNG CIR	
CITY-ST-ZIP	WILDWOOD FL	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL TAYLOR	
STREET ADDRESS	329 YOUNG CIRCLE	
CITY-ST-ZIP	WILDWOOD, FL 34785	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERMAN SPARKS	
STREET ADDRESS	305 YOUNG CIRCLE	
CITY-ST-ZIP	WILDWOOD FL 34785	

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		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90048 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)