2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # N95000001194 1. Entity Name BRANDON TRAILER PARK HOMEOWNERS ASSOCIATION. INC 03-20-2000 90095 031 ****61.25 Principal Place of Business Mailing Address WHAMPTON, STODDARD, ET AL. %HAMPTON, STODDARD, ET AL. P.O. BOX 3510 P.O. BOX 3510 BRANDON FL 33509-3510 BRANDON FL 33509-3510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3305987 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORNE Y Street Address (P.O. Box Number is Not Acceptable) GRIFFIN, EILEEN H ESQ. 915 OAKFIELD DR. SUITE F Zip Code **BRANDON FL 33511** 2 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Addition Change 1 TITI F □ Delete TITLE RENAUD, RAYMOND NAME STREET ADDRESS STREET ADDRESS 311 SECOND ST CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** Addition TITLE Change W ☐ Delete TITLE NAME NAME PIETERS, LARRY STREET ADDRESS STREET ADDRESS 220 S. THIRD ST. CITY-ST-ZIP CITY-ST-7IE BRANDON FL 33511 ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME MITCHELL, MARY M STREET ADDRESS STREET ADDRESS 312 S. THIRD ST. CITY-ST-ZIP CITY-ST-ZIF **BRANDON FL 33511 Change** Addition TITLE STANLEY ALEXANDER TITLE TD Delete GERMANO, FERN NAME NAME 410 Second ST-STREET ADDRESS STREET ADDRESS 405 FOURTH ST. Brandon FL. 33511 CITY-ST-7IP CITY-ST-ZIP BRANDON FL 33511 ☐ Change Addition TITI F □ Delete TITLE GENTNER, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 203 S. MT CARMEL RD. CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511**

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 chapted or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

SIGNATURE: MARY MAE MITCHELL)
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CHATNEY, FRED

BRANDON FL 33511

514 S. 2ND ST.

Date

Daytime Phone #

☐ Change

☐ Addition