

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000228

1. Entity Name

THUNDERBIRD MOBILE HOME OWNER TENANTS ASS. INC.

Principal Place of Business

4831 SW 30TH LN
FT. LAUDERDALE FL 33312

Mailing Address

4831 SW 30TH LN
FT. LAUDERDALE FL 33312-5827

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KEEGAN, JAIME
4831 SW 30TH LANE
FT LAUDERDALE FL 33312

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	CD	<input type="checkbox"/> Delete
NAME	KEEGAN, JAIME	
STREET ADDRESS	4831 SW 30TH LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	P	<input type="checkbox"/> Delete
NAME	GAUTHIER, RAYMOND	
STREET ADDRESS	4829 SW 30TH LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERKINS, RON	
STREET ADDRESS	4822 SW 30TH WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MONNETTE, PATRICIA A	
STREET ADDRESS	4827 SW 30TH LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	BODM	<input type="checkbox"/> Delete
NAME	CLAYPOOLE, JOE	
STREET ADDRESS	4845 SW 30TH LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90128 030 ***61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0653149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)