

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90041 047 \*\*\*\*61.25

**DOCUMENT # N97000001159**

1. Entity Name

**KAKUSHA HOME PARK INCORPORATED**



Principal Place of Business

**1654 CLEARWATER LARGO ROAD  
LOT 701  
CLEARWATER FL 33756**

Mailing Address

**1654 CLEARWATER LARGO ROAD  
LOT 701  
CLEARWATER FL 33756**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**LOT 904**

Suite, Apt. #, etc.

**LOT 904**

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**WILLIAM, MCMALE J  
1654 CLEARWATER-LARGO RD.  
LOT 904  
CLEARWATER FL 33756**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                 |                                            |
|------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WILLIAM, DUKE<br>1654 CLEARWATER-LARGO RD #801<br>CLEARWATER FL 33756     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MACDONALD, HELEN<br>1654 CLEARWATER-LARGO RD, #244<br>CLEARWATER FL 33756 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>KING, EILEEN<br>1654 CLEARWATER-LARGO RD #405<br>CLEARWATER FL 33756      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEWIS, BILLY<br>1654 CLWTR-LARGO RD LOT 1001<br>CLEARWATER FL 33756        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BOUCHARD, BOB<br>1654 CLWTR-LARGO RD LOT 1011<br>CLEARWATER FL 33756       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>AUGUSTINE, ROBERT<br>1654 CLWTR-LARGO RD LOT 133<br>CLEARWATER FL 33756    | <input type="checkbox"/> Delete            |

|                                                |                                                                                |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | A<br>CHARLES LYNCH<br>1654 CLEARWATER-LARGO RD #502<br>CLEARWATER FL 33756     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | A<br>JOHN LANE<br>1654 CLEARWATER-LARGO RD #234<br>CLEARWATER, FL 33756        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | A<br>NORM LITTLEFIELD<br>1654 CLEARWATER-LARGO RD #204<br>CLEARWATER, FL 33756 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARL FINK<br>1654 CLEARWATER-LARGO RD #86<br>CLEARWATER FL 33756          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOE CASALE<br>1654 CLEARWATER-LARGO RD #407<br>CLEARWATER FL 33756        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GWEN DESIMONE<br>1654 CLEARWATER-LARGO RD #232<br>CLEARWATER FL 33756     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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

**William J. McMale**  
**WILLIAM J. MCMALE**

Date

Daytime Phone #

**1/22/03 7275786824**

CR2E037 (10/02)

Attachment#

88010099

197000001159

Feb 20, 2003

Gentlemen,

Please add to our uniform business report.

TITLE TREASURER

NAME William J. McHale

STREET 1634 CLEARWATER-LARGO RD # 904

CITY CLEARWATER, FL 33756

Thank You

William J. McHale