

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 18, 2000 8:00 am
Secretary of State

04-27-2000 90030 046 ****70.00

DOCUMENT # N98000002931

1. Entity Name

Holiday RV and Mobile Home Park
 Home Owners ASSO. INC.

Principal Place of Business

Mailing Address SAME

7541 December Dr
 Port Richey, FL 34668

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

34668

Pasco

34668

USA

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

IDA P. SCHAIER
 7541 Carpenter St.
 Port Richey FL 34668

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

IDA P. Schairer

IDA P. Schairer

4/17/2000

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	President	<input type="checkbox"/> Delete
NAME	Jack L. Simonds	
STREET ADDRESS	7544 December Dr.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	IDA P. Schairer	
STREET ADDRESS	7541 Carpenter St.	
CITY-ST-ZIP	Port Richey FL 34668	
TITLE	Margaret Gunson	<input type="checkbox"/> Delete
NAME	7549 Carpenter St.	
STREET ADDRESS	Port Richey FL 34668	
CITY-ST-ZIP	Treasurer Sec.	
TITLE	Marilyn RHINO D.	<input type="checkbox"/> Delete
NAME	7528 Dec. Drive.	
STREET ADDRESS	Port Richey FL 34668	
CITY-ST-ZIP		
TITLE	Richard Post D.	<input type="checkbox"/> Delete
NAME	7504 Clover St.	
STREET ADDRESS	Port Richey FL 34668	
CITY-ST-ZIP		
TITLE	Minerva Halbert D.	<input type="checkbox"/> Delete
NAME	7505 Dec. Dr.	
STREET ADDRESS	Port Richey FL 34668	
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		
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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)(j), 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:

IDA P. SCHAIER
 IDA P. Schairer

4/17/2000

727-848-0839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)