

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90066 010 ****62.25

DOCUMENT # N98000002931

1. Entity Name

HOLIDAY RV AND MOBILE HOME PARK, INC.

Principal Place of Business

Mailing Address

7541 CARPENTER ST.
PORT RICHEY FL 34668

7541 CARPENTER ST.
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

7541 Carpenter St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT RICHEY, FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

34668

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

SCHARRER, IDA P
7541 CARPENTER STREET
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

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 P
NAME SIMONDS, JACK L
STREET ADDRESS 7543 CARPENTER ST
CITY-ST-ZIP PT RICHEY FL 34468 ☒ Delete

TITLE PRESIDENT
NAME Gerry Price
STREET ADDRESS 7545 CARPENTER ST.
CITY-ST-ZIP PORT RICHEY FL 34668 ☒ Change ☐ Addition

TITLE T
NAME SIMONDS, JACK
STREET ADDRESS 7544 DECEMBER ST
CITY-ST-ZIP PORT RICHEY FL 34668 ☒ Delete

TITLE SECRETARY
NAME IDA SCHAIRER
STREET ADDRESS 7541 CARPENTER ST.
CITY-ST-ZIP Port Richey FL 34668 ☒ Change ☐ Addition

TITLE S
NAME SIMONDS, JACK
STREET ADDRESS 7544 DECEMBER ST
CITY-ST-ZIP PORT RICHEY FL 34668 ☒ Delete

TITLE TREASURER
NAME IDA SCHAIRER
STREET ADDRESS 7541 CARPENTER ST
CITY-ST-ZIP PORT RICHEY FL 34668 ☒ Change ☐ Addition

TITLE D
NAME HALBERT, MINERVA
STREET ADDRESS 7505 DECEMBER DR
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MCQUEEN, BARBARA
STREET ADDRESS 7557 CARPENTER ST
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JONES, ELDEN
STREET ADDRESS 7508 CLOVER DR
CITY-ST-ZIP PORT RICHEY FL 34668 ☒ Delete

TITLE D
NAME Marilyn Rhind
STREET ADDRESS 7528 Dec. Dr.
CITY-ST-ZIP Port Richey FL 34668 ☐ Change ☒ 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:

IDA SCHAIRER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10 02 7278480839

Date

Daytime Phone #

CR2E037 (9/01)