

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90237 002 \*\*\*\*70.00

DOCUMENT # **N98000002931**

1. Entity Name  
**Holiday RV and Mobil Home Park L.L.C.**



**DO NOT WRITE IN THIS SPACE**

**54030099**

2. Principal Place of Business <b>7515 Dec. Dr.</b>		3. Mailing Address <b>Club House</b>	
Suite, Apt. #, etc. <b>Port Richey Fl. 34668</b>		Suite, Apt. #, etc. <b>7515 Dec. Dr.</b>	
City & State		City & State <b>Port Richey Fl. 34668</b>	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>Natalie Montfreda</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>7552 Clover Dr.</b>	
City <b>Port Richey Fl. 34668</b>	
City <b>FL</b>	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 **Natalie Montfreda**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-7-04**  
DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President D.</b> <b>NATAWIE MONTFREDA</b> <b>7552 CLOVER DR.</b> <b>PORT RICHEY, FL. 34668</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President D.</b> <b>NADINE SCHERER</b> <b>7504 CLOVER DR.</b> <b>PORT RICHEY, FL. 34668</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary D.</b> <b>TAMMY HALL</b> <b>7508 COPPER LN.</b> <b>PORT RICHEY FL. 34668</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>DEWAYNE SMITH</b> <b>7508 COPPER LN.</b> <b>PORT RICHEY, FL. 34668</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Registered Agent</b> <b>NATALIE MONTFREDA</b> <b>7552 CLOVER DR.</b> <b>PORT RICHEY FL. 34668</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Natalie Montfreda** Pres Reg Agent NATALIE MONTFREDA 4-7-04  
727.8450926  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)