

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90052 024 \*\*\*\*61.25

**DOCUMENT # N99000000078**

1. Entity Name

**FRANCIS 2 MOBILE HOME PARK HOMEOWNERS ASSOCIATIO**

Principal Place of Business

**2800 REAL MCCOY DRIVE  
SEBRING FL 33870**

Mailing Address

**2800 REAL MCCOY DRIVE  
SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0890506**

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

**SHAFFER, MILDRED  
2800 REAL MCCOY DRIVE  
SEBRING FL 33870**

Name

**ED COX**

Street Address (P.O. Box Number is Not Acceptable)

**3116 DESOTO ROAD**

City

**SEBRING,**

**FL**

Zip Code

**33870-5114**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **BAUER, ROBERT W SR.**  
CITY-ST-ZIP **3154 PARADISE PATH  
SEBRING FL 33870**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **BETTY CARLISE**  
CITY-ST-ZIP **3145 PARADISE PATH  
SEBRING, FL 33870**

TITLE ☒ Delete  
NAME **P**  
STREET ADDRESS **EMORY PRICE, WALTER**  
CITY-ST-ZIP **3229 PARADISE PATH  
SEBRING FL 33870**

TITLE ☐ Change ☒ Addition  
NAME **P**  
STREET ADDRESS **ED COX**  
CITY-ST-ZIP **3116 DESOTO ROAD  
SEBRING, FL 33870-5114**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **DEJOE, PHILLIP**  
CITY-ST-ZIP **3104 LAS VEGAS BLVD.  
SEBRING FL 33870**

TITLE ☐ Change ☒ Addition  
NAME **O**  
STREET ADDRESS **Karen Welty**  
CITY-ST-ZIP **3133 San Francisco Lane  
Sebring, Fl 33870**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **NOVAK, FRED**  
CITY-ST-ZIP **3149 SAN FRANCISCO LN  
SEBRING FL 33870**

TITLE ☐ Change ☒ Addition  
NAME **O**  
STREET ADDRESS **Donald Crouse**  
CITY-ST-ZIP **3104 Las Vegas Blvd  
Sebring, Fl 33870**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SCHWARTZ, ANNA MAE**  
CITY-ST-ZIP **2944 LAS VEGAS BLVD.  
SEBRING FL 33870**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Sylvan Bittner**  
CITY-ST-ZIP **2845 Paradise Path  
SEBring, Fl 33870**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **DIERDOFF, FLOYD**  
CITY-ST-ZIP **3126 SAN FRANCISCO LN.  
SEBRING FL 33870**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Bill Ericksson**  
CITY-ST-ZIP **2734 San Francisco Lane  
Sebring, Fl 33870**

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 of M. C. P. S. R. E. D.*

*01/25/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)