

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90279 023 ****61.25

DOCUMENT # N99000001150

1. Entity Name

CEDAR GROVE MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

101 CEDAR DR., BOX 12
 RUSKIN FL 33570

Mailing Address

101 CEDAR DR., BOX 12
 RUSKIN FL 33570

724077



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARRIS, WILLIAM J JR.
101 CEDAR DR., BOX 12
RUSKIN FL 33570

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
SWORD, SAM
101 CEDAR DR BOX 3
RUSKIN FL 33570 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Secretary
Marc Raco
101 Cedar Dr. Box 10
Ruskin FL 33570 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
SWORD, MATT
101 CEDAR DR, BOX 7
RUSKIN FL 33570 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Treasurer
Sword, Matt
101 Cedar Dr Box 7
Ruskin, FL 33570 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
HARRIS, WILLIAM J
101 CEDAR DR., BOX 12
RUSKIN FL 33570 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Director
Sword, Sam
101 Cedar Dr. Box 3
RUSKIN, FL 33570 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
BAYMONK, CARL ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DIRECTOR
BAYMONK, CARL
101 Cedar Dr. Box 8
RUSKIN, FL 33570 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wm. J. Harris, Jr.

3/1/01 (813) 641-9342
 Date Daytime Phone #

CR2E037 (10/00)