

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90015 021 ***150.00

0527661

DOCUMENT # P93000000120

1. Entity Name

GROCE MOBILE HOME PARK, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 881~~
~~PINELLAS PARK FL 34664~~

~~P.O. BOX 881~~
~~PINELLAS PARK FL 34664~~

2. Principal Place of Business

3. Mailing Address

604 Packard Court

604 Packard Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Safety Harbor, FL

Safety Harbor, FL

Zip

Country

Zip

Country

34695

34695

6. Name and Address of Current Registered Agent

4. FEI Number

59-3156080

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

JANSSEN, DUANE H
 1626 38TH AVENUE NORTH
 ST. PETERSBURG FL 33713

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS BAKER, GERALD P
 CITY-ST-ZIP ~~6822 22ND AVE N #400~~
~~ST PETERSBURG FL 33710~~

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 604 Packard Court, Suite A
 CITY-ST-ZIP Safety Harbor, FL 34695

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BAKER, KATHRYN
 CITY-ST-ZIP 131 MONTEZUMA STREET
 LYONS NY 14489

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

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS PERRY, LAWRENCE
 CITY-ST-ZIP 28 DEPEW AVENUE
 LYONS NY 14489

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Gerald P. Baker
 Secretary

3-21-01

Date

Daytime Phone #

CR2E034 (10/00)