

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041237

1. Entity Name

HAMMOCK LAKE MOBILE HOME AND RV PARK, INCORPORAT

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90101 043 ***150.00

Principal Place of Business

Mailing Address

1801 HIGHWAY 17 SOUTH
FT. MEADE FL 33841

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FT. MEADE FL 33841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0687580

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

BAILLIE, DAVID
6430 NW 50TH ST
LAUDERHILL FL 33319

Name

DAVID BAILLIE

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

1801 Hwy 17 S

City

FT MEADE

FL

Zip Code

33841

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 NAME STREET ADDRESS CITY-ST-ZIP	P BAILLIE, DAVID 6430 NW 50TH ST LAUDERHILL FL 33319	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILLIE, JEAN ANN 6430 NW 50TH ST LAUDERHILL FL 33319	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILLIE GREGE, RACHEL 6430 NW 50TH ST LAUDERHILL FL 33319	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

DAVID BAILLIE

1-17-01

(954) 741-1102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)