

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90066 039 ***550.00

DOCUMENT # P95000041237

1. Entity Name

HAMMOCK LAKE MOBILE HOME AND RV PARK, INCORPORATED



Principal Place of Business

**1801 HIGHWAY 17 SOUTH
FT. MEADE FL 33841**

Mailing Address

**1801 HIGHWAY 17 SOUTH
FT. MEADE FL 33841**

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

65-0687580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BAILLIE, DAVID
1801 HWY 17 SOUTH
FORT MEADE FL 33841**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete

NAME **BAILLIE, DAVID**
STREET ADDRESS **6430 NW 50TH ST**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **D** ☐ Delete

NAME **BAILLIE, JEAN ANN**
STREET ADDRESS **6430 NW 50TH ST**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **D** ☐ Delete

NAME **BAILLIE GREGE, RACHEL**
STREET ADDRESS **6430 NW 50TH ST**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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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 607, 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:

David Baillie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-03 (863)
285-9560
Date Daytime Phone #

CR2E034 (4/03)