

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004956

1. Entity Name

UNION DRIVE MOBILE HOME PARK, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90184 040 ***150.00

Principal Place of Business

Mailing Address

405 UNION DR
LAKELAND FL 33805
US

8625 PINE CONE DRIVE
LOT #11
LAKELAND FL 33809-1650
US

2. Principal Place of Business

3. Mailing Address

405 UNION DR
Suite, Apt. #, etc.

8625 PINE CONE DR
Suite, Apt. #, etc.
#11

City & State
LAKELAND FL

City & State
LAKELAND FL

Zip 33805 Country POLK

Zip 33809 Country POLK

4. FEI Number 59-3357894

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

CANIZZO, JOSEPH
8625 PINE CONE DRIVE
LOT 11
LAKELAND FL 33809

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 Joseph CANIZZO
Signature, typed or printed name of registered agent and title if applicable.

Joseph Canizzo
(NOTE: Registered Agent signature required when changing)

4/11/2000
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, 2000 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 PSD
NAME CANIZZO, JOSEPH
STREET ADDRESS 8625 PINE CONE DRIVE, LOT 11
CITY-ST-ZIP LAKELAND FL ☐ Delete

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

TITLE VTD
NAME CANIZZO, GERALDINE
STREET ADDRESS 8625 PINE CONE DRIVE, LOT 11
CITY-ST-ZIP LAKELAND FL ☐ 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 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: Joseph CANIZZO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2000 863-859-6764
Date Daytime Phone #

CR2E034 (9/99)