

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90085 032 ***150.00

DOCUMENT # P96000016906

1. Entity Name
SPANISH TRAILS WEST MOBILE HOME COMMUNITY, INC.



Principal Place of Business
**7142 PISCINA ST
ZEPHYRHILLS FL 33541**

Mailing Address
**8320 S SUNRISE BLVD
108
PLANTATION FL 33322
US**



2. Principal Place of Business

**8320 W SUNRISE BLVD
SUITE 203**

3. Mailing Address

**8320 W. SUNRISE BLVD
STE 203**

☐ CHECK HERE IF MAKING CHANGES

City & State
PLANTATION, FL

City & State
PLANTATION, FL

4. FEI Number **59-3360355**

Applied For
☐ Not Applicable

Zip
33322

Country
USA

Zip
33322

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLSTEIN, GERALD K
8320 W SUNRISE BLVD
SUITE 108 203
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

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

SUITE 203

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HOLDEN, MARY ANN**
STREET ADDRESS **10861 NW 9TH CT, BLDG #8**
CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE **D** ☐ Delete
NAME **REID, MARGARET**
STREET ADDRESS **8320 W SUNRISE BLVD, SUITE 108**
CITY-ST-ZIP **PLANTATION FL 33322**

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

TITLE **D** ☐ Delete
NAME **HOLSTEIN, GERALD K**
STREET ADDRESS **8320 W SUNRISE BLVD, SUITE 108**
CITY-ST-ZIP **PLANTATION FL 33322**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD K. HOLSTEIN

Date

Daytime Phone #

CR2E034 (10/02)