

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100537

1. Entity Name
GRUBSTAKE TRAILER PARK, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90029 038 ***150.00

Principal Place of Business

1670 SW 53 AVE
PLANTATION FL 33317
US

Mailing Address

P. O. BOX 16570
PLANTATION FL 33318-6570
US

2. Principal Place of Business

4517 N. DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

4517 N. DIXIE HWY.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

POMPANO, FL

City & State

POMPANO, FL

4. FEI Number

65-0715346

Applied For

Not Applicable

Zip
33064

Country
BROWARD

Zip
33064

Country
BROWARD

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

WEISS, SUZANNE ROSS
1670 SW 53RD AVE
PLANTATION FL 33317

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

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 PT
NAME WEISS, DONALD
STREET ADDRESS 4517 N. DIXIE HWY
CITY-ST-ZIP POMPANO FL 33064 ☒ Delete

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

TITLE VPS
NAME WEISS, SUZANNE
STREET ADDRESS 1670 SW 53 AVE
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 officers and directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

(954) 781-5330

Daytime Phone #

CR2E034 (10/00)