

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90090 025 \*\*\*150.00

**DOCUMENT # P97000049660**

1. Entity Name

WEST WIND VILLAGE MOBILE HOME PARK, INC.

Principal Place of Business

537 EAST PARK AVENUE  
TALLAHASSEE FL 32301

Mailing Address

537 EAST PARK AVENUE  
TALLAHASSEE FL 32301

2. Principal Place of Business

8975 W. Halls River Rd.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 100  
Suite, Apt. #, etc.

City & State  
HOMOSASSA, FL.

City & State  
HOMOSASSA SPRINGS, FL.

4. FEI Number  
59-3452188

Applied For  
Not Applicable

Zip  
34448 Country  
USA

Zip  
34447 Country  
USA

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

6. Name and Address of Current Registered Agent

FOUNTAIN, ERA L  
537 EAST PARK AVENUE  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name  
Carl A. Bertoch

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

8975 W. Halls River Road

City Homosassa FL Zip Code 34448

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 (Carl A. Bertoch)

Jan. 23, 2002

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, 2002 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

TITLE D ☐ Delete  
NAME HYDE, JERRY  
STREET ADDRESS 2975 COUNTY RD #193  
CITY-ST-ZIP CLEARWATER FL 34619

TITLE D ☐ Delete  
NAME BERTOCH, CARL A  
STREET ADDRESS 4570 NORTH ELKCAM BLVD.  
CITY-ST-ZIP BEVERLY HILL FL 34465

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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


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

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

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

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

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

23 Jan 02 352-628-2090

Date

Daytime Phone #

CR2E034 (9/01)