

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069420 (2)

1. Entity Name

HOLLAND MOBILE HOME PARK, INC.

Principal Place of Business

10211 PINES BLVD.
SUITE #112
PEMBROKE PINES, FL
33326

Mailing Address

10211 PINES BLVD.
SUITE #112
PEMBROKE PINES, FL
33326

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

65-0773747

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

REIFF, ANDREW L.
135 W. CENTRAL BLVD.
SOUTHTRUST BANK BLDG. - SUITE #720
ORLANDO, FL 32801

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 D ☐ Delete
NAME RAY, HUGH
STREET ADDRESS 1859 W PINE ISLAND RD STE 2321
CITY-ST-ZIP PLANTATION, FL

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

TITLE D ☒ Delete
NAME RAY, GEORGE SR
STREET ADDRESS 1859 W PINE ISLAND RD STE 2321
CITY-ST-ZIP PLANTATION, FL

TITLE D ☒ Change ☐ Addition
NAME RAY, MARY
STREET ADDRESS 1859 W PINE ISLAND RD STE 2321
CITY-ST-ZIP PLANTATION, FL

TITLE D ☐ Delete
NAME RAY, GEORGE JR
STREET ADDRESS 1859 W PINE ISLAND RD STE 2321
CITY-ST-ZIP PLANTATION, FL

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

TITLE D ☐ Delete
NAME WILLIAMS, ALEX
STREET ADDRESS 10211 PINES BLVD STE 112
CITY-ST-ZIP PEMBROKE PINES, FL 33326

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

TITLE D ☐ Delete
NAME BALDWIN, JOSEPH
STREET ADDRESS 777 S STATE ROAD #7, BOX 6
CITY-ST-ZIP MARGATE, FL 33322

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

TITLE ☐ Delete
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:

Hugh Ray 4 22 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90360 012 ***150.00

A0070789

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)