

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90208 049 \*\*\*150.00

DOCUMENT # P97000069420

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

7. Name and Address of New Registered Agent

6. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(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 NAME STREET ADDRESS CITY-ST-ZIP

D  
RAY, HUGH  
1859 W PINE ISLAND RD STE 2321  
PLANTATION FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
RAY, MARY  
1859 W PINE ISLAND RD STE 2321  
PLANTATION FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
RAY, GEORGE JR  
1859 W PINE ISLAND RD STE 2321  
PLANTATION FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
WILLIAMS, ALEX  
10211 PINES BLVD STE 112  
PEMBROKE PINES FL 33326

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
BALDWIN, JOSEPH  
777 S STATE ROAD #7, BOX 6  
MARGATE FL 33322

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 110/02