

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/3

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90426 049 \*\*\*150.00

**DOCUMENT # P98000017439**

1. Entity Name

**WAYNE FRIER'S MOBILE HOME PARK, INC.**

Principal Place of Business

Mailing Address

12788 US 90 W  
 LIVE OAK FL 32060

12788 US 90 W  
 LIVE OAK FL 32060

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 **59-3514559**

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

**HALEY, WILLIAM J**  
**10 N COLUMBIA ST**  
**LAKE CITY FL 32055**

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	PD	<input type="checkbox"/> Delete
NAME	FRIER, WAYNE	
STREET ADDRESS	12788 US 90 W	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FRIER, MATTHEW WAYNE	
STREET ADDRESS	12788 US 90 W	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRIER, TODD DANIEL	
STREET ADDRESS	12788 US 90 W	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frier, Wayne	
STREET ADDRESS	12788 US 90 W	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	DIV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frier, Matthew Wayne	
STREET ADDRESS	12788 US 90 West	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Todd Frier* **Todd Frier** 5/22/01 386-~~155~~2726  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)