

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90572 020 ***158.75

DOCUMENT # P98000091938

1. Entity Name

SAFETY HARBOR HOMES, INC.

Principal Place of Business

**739 OVERIVER DRIVE
 NORTH MYERS FL 33903**

Mailing Address

**P.O. BOX 2906
 FORT MYERS FL 33902-2906**

2. Principal Place of Business

5800 Gasparilla Road

3. Mailing Address

PO Box 57

Suite, Apt. #, etc.

Bldg G, Ste B

Suite, Apt. #, etc.

City & State

Boca Grande, FL

City & State

Boca Grande, FL

Zip

33921

Country

Charlotte

Zip

33921

Country

Lee

4. FEI Number

65-0876261

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KNOTT, GEORGE H ESQ.
 HUMPHREY & KNOTT, P.A.
 1625 HENDRY STREET SUITE 301
 FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name
Company Name changed to: Knott, Consoer,
 Street Address (P.O. Box Number is Not Acceptable)
Ebelini, etal
 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, 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	PTD	<input type="checkbox"/> Delete
NAME	PENFIELD, MARK	
STREET ADDRESS	739 OVERIVER DRIVE	
CITY-ST-ZIP	NORTH MYERS FL 33903	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENNER, DAVID	
STREET ADDRESS	19000 ORLANDO ROAD SOUTH	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLTON, GARY	
STREET ADDRESS	12788 BACCHUS ROAD	
CITY-ST-ZIP	PT CHARLOTTE FL 33981	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18141 Nalle Road	
STREET ADDRESS	N Ft Myers, FL 33917-5201	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	764 South Bayou Drive	
STREET ADDRESS	Boca Grande, FL 33921	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

941-964-2231

Date

Daytime Phone #

CR2E034 (9/01)