

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107437

1. Entity Name

LAKE ALFRED MOBILE HOME PARK, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90250 012 ***150.00

Principal Place of Business

Mailing Address

C/O DAN GOLDEN
830 AMARYLLIS AVE.
ORADELL NJ 07649

C/O DAN GOLDEN
830 AMARYLLIS AVE.
ORADELL NJ 07649-1406

2. Principal Place of Business

3. Mailing Address

Lake Alfred Mobile Home Park, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

670 E. Alfred Drive

City & State
Lake Alfred, Florida

City & State

Zip

Country

Zip

Country

33850

US

4. FEI Number

22-3626329

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

SCHILIAN, GERALD
GREENBERG & SHILIAN PA
1761 W. HILLSBORO BLVD. #201
DEERFIELD BEACH FL 33442

Name

Dennis G. Corrick, Esq.
Street Address (P.O., Box Number is Not Acceptable)

Peterson & Myers, P.A.

141 5th Street, NW

City

Winter Haven,

FL

Zip Code

33881

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, name or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/12/2000
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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS GOLDEN, DANIEL
CITY-ST-ZIP 830 AMARYLLIS AVE.
ORADELL NJ 07649

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

TITLE ☐ Delete
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000 (201) 487-8771
Date Daytime Phone #

CR2E034 (9/99)