

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36655

1. Entity Name

GULFLAND MOBILE HOME PARK, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90110 035 \*\*\*150.00

Principal Place of Business

5219 LIMIT DRIVE  
NEW PORT RICHEY FL 34652

Mailing Address

5219 LIMIT DRIVE  
NEW PORT RICHEY FL 34652-1176

2. Principal Place of Business

5219 Limit Dr  
Suite, Apt. #, etc.  
New Port Richey

City & State

Florida

Zip

34652

Country

Pasco

3. Mailing Address

5219 Limit Dr  
Suite, Apt. #, etc.  
New Port Richey

City & State

Florida

Zip

34652

Country

Pasco



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3055685

☒ Applied For  
☐ Not Applied

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TINDELL, IMOGENE  
6913 TIERRA LINDA ST  
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	TINDELL, IMOGENE	
STREET ADDRESS	6913 TIERRA LINDA ST	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TINDELL, STEVEN	
STREET ADDRESS	6913 TIERRA LINDA ST	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TINDELL, SAMUEL B	
STREET ADDRESS	8155 SAYBROOK DR	
CITY-ST-ZIP	PORT RICHEY FL	
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 type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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:

Steven A. Tindell STEVEN A. TINDELL 1-10-99 7278450250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #