

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S78283

1. Entity Name

FLEETWOOD REALTY CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90007 038 ***150.00

Principal Place of Business

Mailing Address

2731 SE MORNINGSID BLVD
PORT ST. LUCIE FL 34952
US

2731 SE MORNINGSID
PORT ST. LUCIE FL 34952-5705
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0285791

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALAIMO, S.
2122 S.E. ERWIN RD.
PORT ST. LUCIE FL 34952-2

Name

ROSEMARY ANSARA

Street Address (P.O. Box Number is Not Acceptable)

2731 SE MORNINGSID BLVD

City

PORT ST LUCIE

FL

Zip Code

34952

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME ANSARA, ROSEMARY
STREET ADDRESS 2402 SE BORDEAUX CT
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE PT ☒ Change ☐ Addition
NAME ANSARA, ROSEMARY
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME AZZARELLO, WILLIAM J
STREET ADDRESS 1943 NE ALOE CALLE
CITY-ST-ZIP JENSEN BCH FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE YP - ☐ Change ☒ Addition
NAME BECKFORD, HOWARD
STREET ADDRESS 1750 SE HONAO LN
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME ANSARA, N. RONALD
STREET ADDRESS 2402 SE BORDEAUX CT
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

N. Ronald Ansara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/2000

Daytime Phone #

561-337-3444

CR2E034 (9/99)