

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90154 013 \*\*\*\*61.25

**DOCUMENT # N43439**

1. Entity Name  
**HOMES OF REGENCY COVE, INC.**

Principal Place of Business  
**4851 GANDY BLVD. - OFFICE**  
**TAMPA FL 33611**

Mailing Address  
**4851 GANDY BLVD. - OFFICE**  
**TAMPA FL 33611**

1 2 2 2 9 3



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2654048**

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

**GOODWIN, ROBERT T**  
**4851 W GANDY BLVD**  
**BO8L40**  
**TAMPA FL 33611**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVS	<input type="checkbox"/> Delete
NAME	COURCHESNE, ELEANOR	
STREET ADDRESS	4851 W GANDY BLVD 3 PELICAN	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	PD <i>Daniel</i>	<input type="checkbox"/> Delete
NAME	DILLON, DANIEL	
STREET ADDRESS	4851 W GANDY BLVD B08L04	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIDSTONE, WAYNE	
STREET ADDRESS	4851 W GANDY BLVD B04L38	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GOODWIN, ROBERT	
STREET ADDRESS	4851 GANDY BLVD 8 LOT 40	
CITY-ST-ZIP	TAMPA FL	
TITLE	D <i>Badore</i>	<input type="checkbox"/> Delete
NAME	BADORE, EDWARD	
STREET ADDRESS	4851 W GANDY BLVD 10 SUNSET BLVD	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NIMON, ELLEN	
STREET ADDRESS	4851 W GANDY BLVD 12 SUNSET	
CITY-ST-ZIP	TAMPA FL 33611	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ellen Nimon* **Ellen Nimon** 7/15/02 813-839-5441

CR2E037 (4/02)