

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90088 035 \*\*\*150.00

**DOCUMENT # 142670**

1. Entity Name  
**LINCOLN PARK HOMES, INC.**

Principal Place of Business

~~4728 VAN KLEECK DR~~  
~~NEW SMYRNA BEACH FL 32169~~

Mailing Address

~~4728 VAN KLEECK DR~~  
~~NEW SMYRNA BEACH FL 32169~~

2. Principal Place of Business

**417 Meadowood Blvd**

3. Mailing Address

**417 Meadowood Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FERN PARK, FL**

City & State

**FERN PARK, FL**

4. FEI Number

**59-0522633**

Applied For

Not Applicable

Zip

Country

**32730 USA**

Zip

Country

**32370 USA**

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

**DANIELS, GEORGE P.**  
~~4728 VAN KLEECK DRIVE~~  
~~NEW SMYRNA BCH FL 32169~~

Name

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

**417 MEADOWOOD BLVD**

City

**FERN PARK**

**FL**

Zip Code

**32730**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	<b>DANIELS, MARNE J.</b>	
STREET ADDRESS	<del>4728 VAN KLEECK DR</del>	
CITY-ST-ZIP	<del>NEW SMYRNA BEACH FL 32169</del>	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	<b>DANIELS, GEORGE P</b>	
STREET ADDRESS	<del>4728 VAN KLEECK DR</del>	
CITY-ST-ZIP	<del>NEW SMYRNA BEACH FL 32169</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>TAVARES, GREGORY J.</b>	
STREET ADDRESS	<b>2253 RADCLIFF CIRCLE</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>MILLER, BARBARA G</b>	
STREET ADDRESS	<b>237 NOB HILL CRCL.</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>417 Meadowood Blvd</b>	
CITY-ST-ZIP	<b>FERN PARK, FL 32730</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>417 Meadowood Blvd</b>	
CITY-ST-ZIP	<b>FERN PARK, FL 32730</b>	
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:

**S. Daniels**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/02** **407-260-8050**  
 Date Daytime Phone #

CR2E034 (9/01)