

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 153599

1. Entity Name
HOMER PROPERTIES, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04-30-2001 903-43003-56
01 AUG 27 AM 10:56

Principal Place of Business 623 CLEVELAND ST. CLEARWATER FL 33755 US	Mailing Address 625 CLEVELAND ST. PO BOX 59 CLEARWATER FL 34615-4104 US
---	---

2. Principal Place of Business <i>623 Cleveland Street</i>	3. Mailing Address <i>PO Box 59</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Clearwater FL</i>	City & State <i>Clearwater FL</i>
Zip <i>33755</i>	Zip <i>33755</i>



REINSTATEMENT

4. FEI Number 59-0591945	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HOMER, JOHN W. 627 CLEVELAND STREET CLEARWATER FL 34615	
7. Name and Address of New Registered Agent Name: <i>Harry S. Cline</i> Street Address (P.O. Box Number is Not Acceptable): <i>625 Court Street</i> City: <i>Sk 200 Clearwater</i> Zip Code: <i>33756</i>	

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]* **HARRY S. CLINE** DATE: **4.23.01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$160.00 After MAY 1, 2001 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: PD NAME: HOMER, JOHN W SR STREET ADDRESS: 767 BAY ESPLANADE CITY-ST-ZIP: CLEARWATER FL 33767	<input type="checkbox"/> Delete	TITLE: <i>000004573370</i> NAME: <i>09/06/01-01106-023</i> STREET ADDRESS: <i>***165.00</i> CITY-ST-ZIP: <i>***165.00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: HOMER, MICHELE H. STREET ADDRESS: 767 BAY ESPLANADE CITY-ST-ZIP: CLEARWATER FL 33767	<input type="checkbox"/> Delete	TITLE: <i>000004573370</i> NAME: <i>09/06/01-01106-024</i> STREET ADDRESS: <i>***600.00</i> CITY-ST-ZIP: <i>***600.00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Michele H. Homer** DATE: **3/27/01** **707-443-5000**

CR2004 (10/00)