

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90013 044 ***150.00

DOCUMENT # 275273

1. Entity Name
SIBLEY HOMES INC

Principal Place of Business
1011 OTTER MILL WAY
SUN CITY CENTER FL 33573-7045
US

Mailing Address
1011 OTTER MILL WAY
SUN CITY CENTER FL 33573-7045
US

2. Principal Place of Business
1436 Seagull Drive

3. Mailing Address
Same

Suite, Apt. #, etc.
Apt 207

Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State

Zip
34685-1147

Country

Zip

Country

4. FEI Number **59-1056337**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SIBLEY, LARRY W.
1436 SEAGULL DRIVE # 207
PALM HARBOR FL 34685

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, 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

TITLE **PSD** ☐ Delete
 NAME **SIBLEY, LARRY W.**
 STREET ADDRESS **1436 SEAGULL DRIVE # 207**
 CITY-ST-ZIP **PALM HARBOR FL 34685-1147**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **(727) 733-1256**
 Date **March 28, 2002** Daytime Phone # **(727) 458-5272**

CR2E034 (9/01)