

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 448835

1. Entity Name

TODAY HOMES, INCORPORATED

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90012 026 ***150.00

Principal Place of Business

Mailing Address

1495 S VOLUSIA AVE #102
ORANGE CITY FL 32763
US

1495 S VOLUSIA AVE #102
ORANGE CITY FL 32763-7047
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1519378

Applied For

Not Applicable

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

CONLEY, JOHN B
1495 S VOLUSIA AVE #102
ORANGE CITY 32763

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, 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	PD	<input type="checkbox"/> Delete
NAME	CONLEY, JOHN B.	
STREET ADDRESS	1495 S VOLUSIA AVE #203	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CONLEY, EVALINE E.	
STREET ADDRESS	1495 S VOLUSIA AVE #203	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	EV	<input type="checkbox"/> Delete
NAME	CONLEY, STEVEN J.	
STREET ADDRESS	1495 S VOLUSIA AVENUE #203	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMAS M. KIMBROUGH	
STREET ADDRESS	1495 S. VOLUSIA AVE., #203	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	KEVIN E. BEAVERS	
STREET ADDRESS	1495 S. VOLUSIA AVE., #203	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE		<input type="checkbox"/> Delete
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	
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:

John B. Conley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B. CONLEY 1-20-00 904-774-2222
Date Daytime Phone #

CR2E034 (9/99)