## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # 615106** HOMELAND PROPERTIES, INC. 04-30-2001 90045 041 \*\*\*150.00 Principal Place of Business Mailing Address 2445 NE 125TH TERR RD 2445 NE 125TH TERR RD SILVER SPRINGS FL 34488 SILVER SPRINGS FL 34488 3. Mailing Address 2193 WE 125 Terrile. 2. Principal Place of Business 2193 NE 125th Terr. Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1913447 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARRAMORE, CLYDE B. Street Address (P.O. Box Number is Not Acceptable) 2445 NE 125TH TERRACE ROAD SILVER SPRINGS FL 34488 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. Miles Lavinner Signature, types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIN FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST same. TITLE ☐ Delete TiTiLE ☐ Change ☐ Addition Same 3193 NE 125 Th Ten. Rd. Silver Springs FL 34488 LARRAMORE, CLYDE B. NAME NAME STREET ADDRESS 2445 NE 125TH TERRACE RD STREET ADDRESS CITY-ST-ZIP SILVER SPRINGS FL CITY-S\*-7IP THUE ☐ Delete LARRAMORE, MARY W NAME 2193 WE 125 Terr. Rd. Silver Springs FL 34488 STREET ADDRESS 2445 N.E. 125TH TERRACE RD. STREET ADDRESS CITY-ST-ZIP SILVER SPRINGS FL CiTY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP C:TY-ST-7IP ☐ Delete Addition

13. Thereby certify that the information supplied with this filling 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 eath; 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

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