

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90165 022 \*\*\*150.00

0508141 AV

**DOCUMENT # 628051**

1. Entity Name  
**MONARCH HOMES OF FLORIDA, INC.**

Principal Place of Business  
**8430 ENTERPRISE CIRCLE  
 SUITE 100  
 BRADENTON FL 34202  
 US**

Mailing Address  
**8430 ENTERPRISE CIRCLE  
 SUITE 100  
 BRADENTON FL 34202  
 US**

**00053629**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-1369066**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PESHKIN, JOHN R  
 8430 ENTERPRISE CIRCLE  
 SUITE 100  
 BRADENTON FL 34202**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 PESHKIN, JOHN R.  
 7120 S. BENEVA ROAD  
 SARASOTA FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P/D  
 Peshkin, John R.  
 8430 Enterprise Circle, Suite 100  
 Bradenton, FL-34202** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CD  
 LATIMER, E. JOHN  
 2025 SHEPPARD AVE. EAST SUITE 1201  
 WILLOWDALE ONTARIO CANADA** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD  
 JOHNSTON, BRIAN K  
 2025 SHEPPARD AVE. EAST SUITE 1201  
 WILLOWDALE ONTARIO CANADA** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 GEORGE, DAVID A  
 2025 SHEPPARD AVE. EAST SUITE 1201  
 WILLOWDALE ONTARIO CANADA** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V  
 BASS, KEITH  
 7120 S BENEVA RD  
 SARASOTA FL 34238** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Vice  
 Bratt, C., Alexander  
 8430 Enterprise Circle, Suite 100  
 Bradenton, FL 34202** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TASD  
 WHELAN, J L  
 2025 SHEPPARD AVE STE 1201  
 WILLOWDALE ONTARIO CA** ☐ Delete

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

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. ALEXANDER BRATT**

Date

Daytime Phone #

CR2E034 (9/01)