

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90010 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 659953**

1. Entity Name  
**DONOVAN HOMES, INC.**

Principal Place of Business  
**5046 HANGING MOSS L**  
**SARASOTA FL 34238**  
**US**

Mailing Address  
**5046 HANGING MOSS L**  
**SARASOTA FL 34238**  
**US**

2. Principal Place of Business  
**1959 HARBORSIDE DR**

3. Mailing Address  
**PO BOX 18025**

Suite, Apt. #, etc.

City & State  
**LONG BEACH KY FL**

City & State  
**SARASOTA FL**

4. FEI Number  
**59-1992486**

Applied For  
☐ Not Applicable

Zip  
**34228**

Country  
**SARASOTA**

Zip  
**34231**

Country  
**SARASOTA**

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

6. Name and Address of Current Registered Agent  
**DONOVAN, JAMES F**  
**5046 HANGING MOSS L**  
**SARASOTA FL 34238**

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 (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	<b>PST</b> <b>DONOVAN, JOHN F</b> <b>5046 HANGING MOSS L</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONOVAN, JOHN F</b> <b>5046 HANGING MOSS L</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: **4/26/02 941-397-7963**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)