

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 665875

1. Entity Name

HOMELAND DEVELOPMENT COMPANY, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90022 025 ***550.00

Principal Place of Business

3500 W. LANTANA RD.
LANTANA FL 33462

Mailing Address

4570 LAKE WORTH RD
LAKE WORTH FL 33463-3450

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3500 W. LANTANA RD

Suite, Apt. #, etc.

City & State

LANTANA FL

Zip

Country

33462

Country

USA

4. FEI Number 59-2021018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOMELAND MOBILE HOMES, INC.
4570 LAKE WORTH RD.
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

ROGER E MEDEMA

Street Address (P.O. Box Number is Not Acceptable)

3500 W LANTANA RD

City

LANTANA

FL

Zip Code

33462

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 of Roger E Medema]

6/3/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEDEMA, ROGER E	
STREET ADDRESS	4570 LAKE WORTH RD.	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	TSDV	<input type="checkbox"/> Delete
NAME	MEDEMA, MICHAEL W.	
STREET ADDRESS	4570 LAKE WORTH RD.	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP25034 (9/00)