2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # 665875** 1. Entity Name HOMELAND DEVELOPMENT COMPANY, INC. 04-19-2001 90005 036 ***150.00 Principal Place of Business Mailing Address 3500 W. LANTANA RD. 3500 W. LANTANA RD. LANTANA FL 33462 LANTANA FL 33462 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2021018 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEDEMA, ROGER E Street Address (P.O. Box Number is Not Acceptable) 3500 W LANTANA RD LANTANA FL 33462 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITI F TITLE NAME MEDEMA, ROGER E NAME STREET ADDRESS 3500 West Lantana Road STREET ADDRESS 4570 LAKE WORTH RD. CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 Lantana, Florida 33462 Change ☐ Addition TSDV TITLE Delete NAME MEDEMA, MICHAEL W. NAME STREET ADDRESS 3500 West Lantana Road STREET ADDRESS 4570 LAKE WORTH RD. CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL 33463 Lantana, Florida 33462 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this thing 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 in 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 of trustee employered 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.

on FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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