

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707840

1. Entity Name

CARRIAGE HOUSES OF TEQUESTA, INC.

Principal Place of Business

DOMIUM
475 TEQUESTA DRIVE
TEQUESTA FL 33469

Mailing Address

DOMIUM
475 TEQUESTA DRIVE
TEQUESTA FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1206795

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCHANT, DEBORAH M.
475 TEQUESTA DR.
APT. 13
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name
Carolyn A. Stone
Street Address (P.O. Box Number is Not Acceptable)
475 Tequesta Dr. #3
Tequesta
City
Tequesta FL Zip Code
33469

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

Carolyn A. Stone

3/1/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STONE, CAROLYN 475 TEQUESTA DR. TEQUESTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARCHANT, DEBORAH 475 TEQUESTA DR. #9 TEQUESTA FL 33469	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, RICHARD 475 TEQUESTA DR. TEQUESTA FL 33469	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSHNELL, RAYMOND 475 TEQUESTA DR. #16 TEQUESTA FL 33469	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Frank Moeller 1511 Donald Rd. Jupiter FL 33469	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Serraes 475 Tequesta Dr. #6 Tequesta, FL 33469	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joyce Wood 475 Tequesta Dr. #7 Tequesta, FL 33469	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn A. Stone

3/1/01

561-746-1748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0064889

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90329 030 *****61.25



DO NOT WRITE IN THIS SPACE