

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714688

1. Entity Name

HOME AND NEIGHBORHOOD DEVELOPMENT, INCORPORATED

Principal Place of Business

247 W. VOORHIS AVE.
STE 6
DELAND FL 32720
US

Mailing Address

PO BOX 444
DELAND FLA 32721-0444
US

2. Principal Place of Business

611 N Bert Fish Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DeLand FL

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

59-2859412

Applied For

Not Applicable

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

HODGES, DAWKINS K
619 N DELAWARE AVE
DELAND FL 32720

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME NANCE, LEONARD
STREET ADDRESS 2360 BEN FRANKLIN DR
CITY-ST-ZIP DELAND FL 32720

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

TITLE VD ☐ Delete
NAME COLWELL, ANN
STREET ADDRESS 27 RAMBLEWOOD TRAIL
CITY-ST-ZIP DELAND FL

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

TITLE TD ☐ Delete
NAME RIGSBY, ANN
STREET ADDRESS 1085 TORCHWOOD DR
CITY-ST-ZIP DELAND FL 32724

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

TITLE VD ☐ Delete
NAME HAGUE, JOHN
STREET ADDRESS 812 EASTOVER CIR.
CITY-ST-ZIP DELAND FL

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

TITLE SD ☐ Delete
NAME STUBBS, DARALD
STREET ADDRESS 940 DOUGLAS AVE #177
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE M ☐ Delete
NAME DAWKINS K. HODGES
STREET ADDRESS 619 N DELAWARE AVE
CITY-ST-ZIP DELAND FL 32720

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

(904) 943-4263

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)