

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714688

1. Entity Name

HOME AND NEIGHBORHOOD DEVELOPMENT, INCORPORATED

Principal Place of Business

611 N BERT FISH DR  
DELAND FL 32720  
US

Mailing Address

PO BOX 444  
DELAND FLA 32721  
US

2. Principal Place of Business

1006 N. WOODLAND BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

DELAND FL

City & State

Zip

32724

Country

USA

Zip

Country

Country

6. Name and Address of Current Registered Agent

HODGES, DAWKINS K  
619 N DELAWARE AVE  
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

ANN RIGSBY

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

1085 TORCHWOOD DR

City

DELAND

FL

Zip Code

32724

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

ANN J. RIGSBY

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

(NOTE: Registered Agent signature required when reinstating)

4/18/01

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Ann Rigby, Treasurer

4/18/01

734-3398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90228 042 \*\*\*\*61.25

749152



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2859412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)