

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714688

1. Entity Name

HOME AND NEIGHBORHOOD DEVELOPMENT, INCORPORATED

Principal Place of Business

Mailing Address

1006 N WOODLAND BLVD
DELAND FL 32724
US

PO BOX 444
DELAND FLA 32721
US

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

59-2859412

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

RIGSBY, ANN
1085 TORCHWOOD DR
DELAND FL 32724

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

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

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

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

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

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

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

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

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

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

ANN J RIGSBY

Date

Daytime Phone #

1/7/01 386-734-3398

CR2E037 (9/01)