

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-11-2002 90043 040 ****61.25

DOCUMENT # F01000003331

1. Entity Name

FLORIDA RESIDENTIAL GROUP HOMES, INC.

Principal Place of Business

Mailing Address

**1957 EAST S.R. 60
VALRICO FL 33594**

**1957 EAST S.R. 60
VALRICO FL 33594**

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

59 371 3564

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

Name

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

City

FL

Zip Code

**JONES, B.J.
1957 EAST S.R. 60
VALRICO FL 33594**

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

☐ Delete

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P.
ZACCARI, JAMES A
2351 MERRILY CR.
SEFFNER FL 33584**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
ZACCARI, SHIRLEY A
2351 MERRILY CR.
SEFFNER FL 33584**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
GRAFTON, BRIAN M
5842 BENT GRASS DRIVE
VALRICO FL 33594**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**C
ZACCARI, JAMES A
2419 BUCKNELL DR.
VALRICO FL 33594**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VC
ZACCARI, CATHERINE W
2419 BUCKNELL DR.
VALRICO FL 33594**

TITLE
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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 11 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shirley A. Zaccari 1/25/02 (813) 688-2928

CR2E037 (9/01)