

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

02-21-2003 90134 032 ****61.25

DOCUMENT # F01000003331

1. Entity Name

FLORIDA RESIDENTIAL GROUP HOMES, INC.



Principal Place of Business

**1867 EAST S.R. 60
VALRICO FL 33594**

Mailing Address

**1867 EAST S.R. 60
VALRICO FL 33594**

2. Principal Place of Business

**235 W. BRANDON BLVD
Suite, Apt. #, etc.**

3. Mailing Address

**235 W. BRANDON BLVD
Suite, Apt. #, etc.
STE 238**

City & State

BRANDON FL

City & State

BRANDON FL

4. FEI Number **59-3713564**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75-Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

**JAMES ANTHONY ZACCARI, D.O.
Street Address (P.O. Box Number is Not Acceptable)
235 W. BRANDON BLVD, STE #238**

City **BRANDON FL** Zip Code **33511**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James Anthony Zaccari, D.O.**

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

(NOTE: Registered agent signature required when reinstating)

DATE

2/14/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ZACCARI, JAMES A**
STREET ADDRESS **2351 MERRILY CR.**
CITY-ST-ZIP **SEFFNER FL 33584** **PRESIDENT**

TITLE **S** ☐ Delete
NAME **ZACCARI, SHIRLEY A**
STREET ADDRESS **2351 MERRILY CR.**
CITY-ST-ZIP **SEFFNER FL 33584** **Secretary of the Board**

TITLE **T** ☐ Delete
NAME **GRAFTON, BRIAN M**
STREET ADDRESS **5842 BENT GRASS DRIVE**
CITY-ST-ZIP **VALRICO FL 33594** **Treasurer**

TITLE **C** ☐ Delete
NAME **ZACCARI, JAMES A**
STREET ADDRESS **2419 BUCKNELL DR.**
CITY-ST-ZIP **VALRICO FL 33594** **Chairperson**

TITLE **VC** ☐ Delete
NAME **ZACCARI, CATHERINE W**
STREET ADDRESS **2419 BUCKNELL DR.**
CITY-ST-ZIP **VALRICO FL 33594** **VICE CHAIRPERSON**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **DANIEL P. KELLY, P.E.**
STREET ADDRESS **1401 MONTY LAKE DRIVE**
CITY-ST-ZIP **VALRICO, FL 33594** **1ST VICE PRESIDENT**

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

Date

Daytime Phone #

CR2E037 (10/02)