

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90319 014 ***150.00

DOCUMENT # H11772

1. Entity Name

LAUREN HOMES, INC.

Principal Place of Business

Mailing Address

526 JEFFERSON AVE.
CAPE CANAVERAL FL 3292052 COUNTRY CLUB RD
COCOA BEACH FL 32931-2002

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

59-2569856

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HAYNES, DONALD**
526 JEFFERSON AVE.
CAPE CANAVERAL FL 32920**7. Name and Address of New Registered Agent**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	BARNES, C. WILLIAM	
STREET ADDRESS	526 JEFFERSON AVE.	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAYNES, DONALD	
STREET ADDRESS	526 JEFFERSON AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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CITY-ST-ZIP		

C.F. 11/14 (3/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 321 6937917