

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H36262

1. Entity Name

HOUSEHOLDER HOMES, INC.

Principal Place of Business

2820 N. FLA AVE.  
HERNANDO FL 34442-4319  
US

Mailing Address

2820 N. FLA AVE.  
HERNANDO FL 34442-4319  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2497951

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

HOUSEHOLDER, CINDY  
9679 E. GOSPEL IS. RD.  
IVERNESS FL 34450

Name

Householder, Cindy

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

1831 SE 195th Terr

City

Morrison

FL

Zip

32668

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

*Cindy Householder* Cindy Householder V.P.

2-17-00

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 State**

10. 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 DP  
NAME HOUSEHOLDER, ROGER L.  
STREET ADDRESS 9679 E. GOSPEL IS. RD.  
CITY-ST-ZIP IVERNESS FL ☒ Delete

TITLE DP  
NAME Householder, Roger L.  
STREET ADDRESS 1831 SE 195th Terr  
CITY-ST-ZIP Morrison, FL 32668 ☒ Change ☐ Addition

TITLE VST  
NAME HOUSEHOLDER, CINDY D.  
STREET ADDRESS 9679 E. GOSPEL IS. RD.  
CITY-ST-ZIP IVERNESS FL ☒ Delete

TITLE VST  
NAME Householder, Cindy D.  
STREET ADDRESS 1831 SE 195th Terr  
CITY-ST-ZIP IVERNESS, FL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 all other like empowered.

SIGNATURE:

*Cindy Householder* Cindy Householder

2-17-00

(352)344-9766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)