

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90008 009 \*\*\*158.75

027724 AV

DOCUMENT # **H86264**

1. Entity Name  
**DURKIN HOMES, INC.**

Principal Place of Business

**536 CLUBHOUSE DRIVE  
COUNTRY CLUB VILLAGE-V-8  
LAKE WALES FL 33853  
US**

Mailing Address

**536 CLUBHOUSE DRIVE  
COUNTRY CLUB VILLAGE-V-8  
LAKE WALES FL 33853  
US**

2. Principal Place of Business

**536 Clubhouse Drive**  
Suite, Apt. #, etc.

3. Mailing Address

**536 Clubhouse Drive**  
Suite, Apt. #, etc.

City & State

**Lake Wales, Florida**

Zip **33898** Country **US**

City & State

**Lake Wales, Florida**

Zip **33898** Country **US**

4. FEI Number

**59-2611047**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DURKIN, THOMAS W.**

**V-8 COUNTRY CLUB VILLAGE address change  
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

Name **Durkin, Thomas W.**

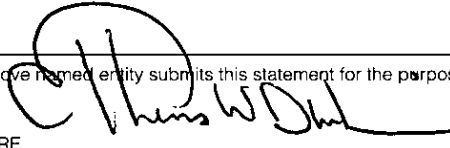
Street Address (P.O. Box Number is Not Acceptable)  
**536 Clubhouse Drive**

City **Lake Wales**

**FL**

Zip Code **33898**

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

**1-28-02**

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, 2002 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

TITLE **DP** ☐ Delete  
NAME **DURKIN, THOMAS W.**  
STREET ADDRESS **536 CLUBHOUSE DRIVE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **VP** ☐ Delete  
NAME **GLAUSSER, DAVID R**  
STREET ADDRESS **3311 COUNTRY LAKE CIRCLE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)