

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90051 006 ***150.00

DOCUMENT # H88498
 1. Entity Name
NEW DAY HOMES, INC.

Principal Place of Business: **POST OFFICE BOX 6 GRANDIN FL 32138**
 Mailing Address: **POST OFFICE BOX 6 GRANDIN FL 32138**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2612302** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
DIGIOVANNI, JAMES R.
ROUTE 4, BOX N
INTERLACHEN FL 32148

7. Name and Address of New Registered Agent
 Name: **Debra J. DiGiovanni**
 Street Address (P.O. Box Number is Not Acceptable): **121 Scenic Dr.**
 City: **Interlachen** FL Zip Code: **32148**

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: *Debra J. DiGiovanni* DATE: 1-7-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | VST | <input checked="" type="checkbox"/> Delete | TITLE | VSD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> |
| NAME | DIGIOVANNI, JAMES R. | | NAME | Debra J. DiGiovanni | |
| STREET ADDRESS | ROUTE 4 BOX N | | STREET ADDRESS | 121 Scenic Dr., Interlachen, FL 32148 | |
| CITY-ST-ZIP | INTERLACHEN FL | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | T-D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> |
| NAME | LENAS, THOMAS P.(ASST)ST | | NAME | Anita Lenas | |
| STREET ADDRESS | ROUTE 4 BOX N | | STREET ADDRESS | 209 Blossom Dr., Interlachen, FL 32148 | |
| CITY-ST-ZIP | INTERLACHEN FL | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME | DIGIOVANNI, JAMES R. | | NAME | | |
| STREET ADDRESS | ROUTE 4 BOX N | | STREET ADDRESS | | |
| CITY-ST-ZIP | INTERLACHEN FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra J. DiGiovanni* DATE: 1-7-00 (904) 659-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #