

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90001 044 ***150.00

DOCUMENT # H88498

1. Entity Name

NEW DAY HOMES, INC.

Principal Place of Business

Mailing Address

**POST OFFICE BOX 6
GRANDIN FL 32138**

**POST OFFICE BOX 6
GRANDIN FL 32138**

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 **59-2612302**

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

**DIGIOVANNI, DEBRA J
121 SCENIC DR
INTERLACHEN FL 32148**

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

Debra J. DiGiovanni, Debra J. DiGiovanni, Vice-President

4/11/01

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, 2001 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	VSD	<input type="checkbox"/> Delete
NAME	DIGIOVANNI, DEBRAA J	
STREET ADDRESS	121 SCENIC DR	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LENAS, THOMAS P.(ASST)ST	
STREET ADDRESS	ROUTE 4 BOX N	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LENAS, ANITA	
STREET ADDRESS	209 BLOSSOM DR	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Debra J. DiGiovanni, Debra J. DiGiovanni

Date

Daytime Phone #

4/11/01 (904) 659-2600

CR2E034 (10/00)