

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90041 002 \*\*\*150.00

**DOCUMENT # J45316**

1. Entity Name

**QUAIL VILLAGE HOMES, INC.**

Principal Place of Business

Mailing Address

% KENNETH N. JACOBY  
 1275 S. PATRICK DRIVE, SUITE C  
 SATELLITE BEACH FL 32937

% KENNETH N. JACOBY  
 1275 S. PATRICK DRIVE, SUITE C  
 SATELLITE BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

*1275 S. PATRICK DR.*

*1275 S. PATRICK DR.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 0*

*Suite 0*

City & State

City & State

*SATELLITE BEACH FL*

*SATELLITE BEACH FL*

Zip

Country

Zip

Country

*32937*

*USA*

*32937*

*USA*

4. FEI Number

**59-2746646**

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

JACOBY, KENNETH N.  
 1423 S. PATRICK DR.  
 SATELLITE BEACH FL 32937

Name

*RICHARD E. SMITH*

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

*1275 S. PATRICK DR.*

*Suite 0*

City

*SATELLITE BEACH*

FL

Zip Code

*32937*

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

*Richard E. Smith*

*RICHARD E. SMITH*

*4-24-01*

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 ☐ Delete  
 NAME PD  
 STREET ADDRESS SMITH, RICHARD E.  
 CITY-ST-ZIP 1275 S PATRICK DR #C  
 SATELLITE BEACH FL

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

TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS SMITH, EBEN  
 CITY-ST-ZIP 1275 S PATRICK DR #C  
 SATELLITE BEACH FL

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

TITLE ☐ Delete  
 NAME VDT  
 STREET ADDRESS SMITH, MARTHA C  
 CITY-ST-ZIP 1275 S PATRICK DR #C  
 SATELLITE BEACH FL

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

TITLE ☐ Delete  
 NAME VDS  
 STREET ADDRESS SMITH, CAROL M  
 CITY-ST-ZIP 1275 S PATRICK DR #C  
 SATELLITE BEACH FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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: *Martha C. Smith* MARTHA C. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-24-01*

Date

*321-773-8647*

Daytime Phone #

0081576

CR2E034 (10/00)