

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90021 011 \*\*\*150.00

**DOCUMENT # K38324**

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

Principal Place of Business

**% R. LLOYD WARREN**  
**2800 HANSROB ROAD**  
**ORLANDO FL 32804**

Mailing Address

**% R. LLOYD WARREN**  
**2800 HANSROB ROAD**  
**ORLANDO FL 32804**

2. Principal Place of Business

**3646 SILVER STAR ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**3646 SILVER STAR ROAD**

Suite, Apt. #, etc.

City & State  
**ORLANDO, FLORIDA**

City & State  
**ORLANDO, FLORIDA**

Zip  
**32808**

Country

Zip  
**32808**

Country

4. FEI Number  
**59-2914927**

Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WARREN, R. LLOYD**  
**2800 HANSROB ROAD**  
**ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3646 SILVER STAR ROAD**

City  
**ORLANDO, FL**

**FL**

Zip Code  
**32808**

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 *R Lloyd Warren*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-18-02*  
 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, 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 **D** ☐ Delete  
 NAME **WARREN, R. LLOYD**  
 STREET ADDRESS **2800 HANSROB ROAD**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☐ Delete  
 NAME **WARREN, LLOYD D.**  
 STREET ADDRESS **2800 HANSROB ROAD**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☐ Delete  
 NAME **LITTLE, GALE**  
 STREET ADDRESS **2800 HANSROB ROAD**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VP** ☐ Delete  
 NAME **SHEEK, TOMMY**  
 STREET ADDRESS **92 PINE STREET FOREST LANE**  
 CITY-ST-ZIP **HAINES CITY FL 33844**

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 ADDRESS CHANGE ONLY ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3646 SILVER STAR ROAD**  
 CITY-ST-ZIP **ORLANDO, FLORIDA 32808**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3646 SILVER STAR ROAD**  
 CITY-ST-ZIP **ORLANDO, FLORIDA 32808**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3646 SILVER STAR ROAD**  
 CITY-ST-ZIP **ORLANDO, FLORIDA 32808**

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: *Gale Little*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-18-02*

Date

*407-578-2841*  
 Daytime Phone #

CR2E034 (9/01)