

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008184

1. Entity Name

CIERRA HOMES, LLC

FILED

01 APR 30 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

845 N. BERKLEY ROAD  
AUBURNDALE FL 33823

845 N. BERKLEY ROAD  
AUBURNDALE FL 33823

2. Principal Place of Business

3. Mailing Address

4100 Becker Highway

Suite, Apt. #, etc.

City & State

City & State

Winter Haven, FL

Zip 33881

Country USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRASIER, DONALD W  
845 N. BERKLEY ROAD  
AUBURNDALE FL 33823

4100 Becker Highway  
Winter Haven, FL  
33881

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Managing Member  
NAME Donald W. Frasier  
STREET ADDRESS 845 N. Berkley Road  
CITY-ST-ZIP Auburndale, FL 33823

TITLE Managing Member  
NAME Darryl E. Riley  
STREET ADDRESS 250 Post Road  
CITY-ST-ZIP Polk City, FL 33868

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CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/9/01

863-967-5177

Date

Daytime Phone #

CR2E083 (11/00)