

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0020811

DOCUMENT # L02000001766

1. Entity Name

CACO HOMES, LLCFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11/9/26

03 SEP 25 PM 2:24

Principal Place of Business

Mailing Address

1371 MAIN STREET
DUNEDIN FL 346981371 MAIN STREET
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

1330 Heather Ridge Blvd
Suite, Apt. #, etc.1330 Heather Ridge Blvd
Suite, Apt. #, etc.☒ CHECK HERE IF MAKING CHANGES

City & State

Dunedin FL

Zip

34698

Country

USA

City & State

Dunedin FL

Zip

34698

Country

USA

4. FEI Number

90-0004184

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

PAVLIK, CRAIG R
1371 MAIN STREET
DUNEDIN FL 34698

Name

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

1330 Heather Ridge Blvd

City

Dunedin

FL

Zip Code

34698

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Florida Department of State****Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Managing Member
Craig R. Pavlik
1330 Heather Ridge Blvd.
Dunedin FL 34698 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
William J. Donovan, Jr.
1330 Heather Ridge Blvd.
Dunedin FL 34698 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
James Olson
1330 Heather Ridge Blvd.
Dunedin FL 34698 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800023343008
09/25/03--01084--004 **50.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

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

8/11/03

Date

(727) 738-6215

Daytime Phone #

CR2E083 (4/03)