

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05212

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

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90469 019 \*\*\*158.75

Principal Place of Business

11911 US HWY 1  
SUITE 208  
NORTH PALM BEACH FL 33408  
US

Mailing Address

5420 N OCEAN DRIVE  
#1901  
SINGER ISLAND FL 33404  
US

00035082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

11911 U.S. Hwy 1

Suite 208

North Palm Beach

33408

Palm Beach

4. FEI Number 65-0149023

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRECO, RICHARD J  
5420 N OCEAN DRIVE  
#1901  
SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent

Name Richard J. Greco

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

11911 U.S. Hwy 1

Suite 208

City North Palm Beach

FL

Zip Code 33408

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/15/01

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

TITLE P  
NAME GRECO, RICHARD J.  
STREET ADDRESS 5420 N. OCEAN DR. #1901  
CITY-ST-ZIP SINGER ISLAND FL ☐ Delete

TITLE ~~ST~~  
NAME ~~SAWYER, JENNIFER~~  
STREET ADDRESS 11911 US HWY 1, SUITE 208  
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/01

Day

Daytime Phone #

561-691-1828

CR2E034 (10/00)