

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008142

1. Entity Name

THE HOME PLACE DEVELOPMENT, L.L.C.

FILED

01 MAR 23 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1850 43RD AVENUE, SUITE C
VERO BEACH FL 32960

Mailing Address

PO BOX 7020
VERO BEACH FL 32961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3609344

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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.

(NOTE: 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 NAME MGRM BEUTTELL, RICHARD C JR
STREET ADDRESS PO BOX 7020
CITY-ST-ZIP VERO BEACH FL 32961 ☐ Delete

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

TITLE NAME MGRM DAYTON, ISABELLE B
STREET ADDRESS PO BOX 7020
CITY-ST-ZIP VERO BEACH FL 32961 ☐ Delete

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

TITLE NAME MGRM BEUTTELL, GEORGE M
STREET ADDRESS PO BOX 7020
CITY-ST-ZIP VERO BEACH FL 32961 ☐ Delete

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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

Date

Daytime Phone #

561-562-3837

CR2E083 (11/00)