

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90066 050 ****61.25

DOCUMENT # N01000003284

1. Entity Name
HOMeward DEVELOPMENT CORPORATION



Principal Place of Business

**311 PARK PLACE BLVD.
SUITE 525
CLEARWATER FL 33759**

Mailing Address

**311 PARK PLACE BLVD.
SUITE 525
CLEARWATER FL 33759**

2. Principal Place of Business

311 Park Place Blvd.

Suite, Apt. #, etc.

Suite 190

City & State

Clearwater, FL

Zip

33759

Country

3. Mailing Address

311 Park Place Blvd.

Suite, Apt. #, etc.

Suite 190

City & State

Clearwater, FL

Zip

33759

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1785354**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BEGHTOD, PEGGY	
STREET ADDRESS	311 PARK PLAVE BLVD STE 500	
CITY-ST-ZIP	CLEARWATER FL 33-7596	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LANE, STEVE	
STREET ADDRESS	10707 CLAY ROAD	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETTY, JAMES	
STREET ADDRESS	311 PARK PLACE BLVD STE 500	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAIN, DAVID	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HARGREAVES, MARY M	
STREET ADDRESS	311 PARK PLACE BLVD STE 500	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEGHTOL, PEGGY	
STREET ADDRESS	311 PARK PLACE BLVD, STE 225	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

3-17-03 727 791-2113

CR2E037 (10/02)