

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13337

1. Entity Name

ORANGE PARK HOMES, INC.

Principal Place of Business

C/O KNIGHTS OF COLUMBUS COUNCIL NO. 7399
P.O. BOX 1455
ORANGE PARK FL 32067-1455

Mailing Address

C/O KNIGHTS OF COLUMBUS COUNCIL NO. 7399
P.O. BOX 1455
ORANGE PARK FL 32067-1455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2804027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'LAUGHLIN, FRANCIS M.
750 WINFRED DRIVE, SOUTH
ORANGE PARK FL 32073

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME SKULSKY, JAMES W
STREET ADDRESS 1682 DOGWOOD CIR
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE VD
NAME DENNIS HALL
STREET ADDRESS 5472 HARDEN AVENUE
CITY-ST-ZIP ORANGE PARK, FL 32065 ☐ Change ☒ Addition

TITLE PD
NAME HEAD, GEORGE R.
STREET ADDRESS 2343 MARCEL DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

TITLE TD
NAME O'LAUGHLIN, FRANCIS M.,
STREET ADDRESS 750 WINFRED DRIVE, SOUTH
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

TITLE D
NAME PALMER, JESSIE E
STREET ADDRESS 1614 BELLAIR BLVD
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

TITLE D
NAME GROSS, CHARLES V.
STREET ADDRESS 3239 DOCTOR'S LAKE DR.
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: FRANCIS M. O'LAUGHLIN *Francis M. O'Laughlin* 3-9-01 904-264-3273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0007158

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90524 041 *****61.25



DO NOT WRITE IN THIS SPACE