

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90075 030 \*\*\*\*61.25

**DOCUMENT # N40648**

1. Entity Name

**HOME CORPORATION OF TALLAHASSEE**



Principal Place of Business

**219 OFFICE PLAZA DRIVE  
TALLAHASSEE FL 32301**

Mailing Address

**219 OFFICE PLAZA DRIVE  
TALLAHASSEE FL 32301**

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 **59-3044426**

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

**JUGENHEIMER, DICK  
6448 COUNT TURF TR.  
TALLAHASSEE FL 32308**

Name  
**George Englemark**

Street Address (P.O. Box Number is Not Acceptable)  
**2436 Castletower Road**

City  
**Tallahassee, FL** Zip Code  
**32301**

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 *George Englemark* **George Englemark, Resident Agent, Financial Secretary.** **March 13, 2003**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **SEAMANS, GARY**  
STREET ADDRESS **1129 NANDINA COURT**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **VD** ☐ Delete  
NAME **FITZGERALD, PAUL**  
STREET ADDRESS **4010 DELVIN DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32309**

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

TITLE **SD** ☒ Delete  
NAME **JUGENHEIMER, DICK**  
STREET ADDRESS **6448 COUNT TURF TRAIL**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **Financial Secretary,** ☒ Change ☐ Addition  
NAME **George Englemark**  
STREET ADDRESS **2436 Castletower Road**  
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **TD** ☐ Delete  
NAME **SHOEMAKER, JACK**  
STREET ADDRESS **1510 MITCHELL AVENUE**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Gary Seamans* **SIGNATURE REQUIRED** **Gary Seamans, Grand Knight, 3-13-03**

CR2E037 (10/02)