

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002408

1. Entity Name

BREEZEMONTE HOMES, INC.

Principal Place of Business

Mailing Address

2755 SANDUSKY AVE. WEST  
JACKSONVILLE FL 32216

2755 SANDUSKY AVE. WEST  
JACKSONVILLE FL 32216-3362

2. Principal Place of Business

6215 LAKE LUGANO DR.

3. Mailing Address

6215 LAKE LUGANO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL 32256

City & State

JACKSONVILLE, FL.

4. FEI Number

59-3328366

Applied For

Not Applicable

Zip

32256

Country

Zip

32256

Country

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

MENEFEE, ALBERT  
2755 SANDUSKY AVE. WEST  
JACKSONVILLE FL 32216

Name

ALBERT MENELEE

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

6215 LAKE LUGANO DR.

City

JACKSONVILLE

FL

Zip Code

32256

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

Albert Menelee, President

4-25-00

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 DT ☐ Delete  
NAME GRIER, ANNIE  
STREET ADDRESS 8100 MONCRIEF DINSMORE RD.  
CITY-ST-ZIP JACKSONVILLE FL 32219

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

TITLE DP ☐ Delete  
NAME MENELEE, ALBERT  
STREET ADDRESS 2755 SANDUSKY AVE. WEST  
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE DS ☒ Delete  
NAME EVANS, NATHANIEL  
STREET ADDRESS 2755 SANDUSKY AVE. WEST  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Change ☒ Addition  
NAME Theresa McGonigal  
STREET ADDRESS 6215 LUGANO LK. DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE TVP ☒ Delete  
NAME FOSTON, MORRIS  
STREET ADDRESS 4712 NORWOOD AVE.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☒ Addition  
NAME Michelle Jean  
STREET ADDRESS 7740 Southside Blvd. Apt. 2401  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE T ☒ Delete  
NAME GERRARD, SHEILA  
STREET ADDRESS 1159 LEE RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☒ Addition  
NAME Hollis Kellebrew  
STREET ADDRESS 7740 Southside Blvd.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

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:

President Albert Menelee

4-25-00

904-724-0512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)