

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009138

1. Entity Name

DUTCH HERITAGE HOMES, INC.

FILED  
Sep 17, 2001 8:00 am  
Secretary of State

09-17-2001 90132 041 \*\*\*550.00

Principal Place of Business

120 TANGERINE RD., N.W.  
LAKE PLACID FL 33582

Mailing Address

120 TANGERINE RD., N.W.  
LAKE PLACID FL 33582

2. Principal Place of Business

6155 S. FLORIDA AVE.

3. Mailing Address

6155 S. FLORIDA AVE.

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

SUITE 2

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

65-0978125

Applied For

Not Applicable

Zip

33813-3323

Country

Zip

33813-3323

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

TROYER, PERRY

120 TANGERINE RD., N.W.  
LAKE PLACID FL 33582

Name

TROYER, PERRY

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

6155 S. FLORIDA AVE.

SUITE 2

City

LAKELAND

FL

Zip Code

33813

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 PERRY TROYER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/25/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P / VP
STREET ADDRESS		STREET ADDRESS	TROYER, PERRY
CITY-ST-ZIP		CITY-ST-ZIP	6155 S. FLORIDA AVE. STE 2
			LAKELAND, FL 33813
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S/T
STREET ADDRESS		STREET ADDRESS	BEACHY, DAVID
CITY-ST-ZIP		CITY-ST-ZIP	6155 S. FLORIDA AVE, STE 2
			LAKELAND, FL 33813
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERRY TROYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/01

Date

330-305-6700

Daytime Phone #

CR2E034 (10/00)