

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90032 001 \*\*\*550.00

0090983 AV

**DOCUMENT # P00000111454**

**1. Entity Name**  
**HOMEBUYERS GULF COAST, INC.**

**Principal Place of Business**  
**470 20TH AVENUE**  
**INDIAN ROCKS BEACH FL 33785**

**Mailing Address**  
**470 20TH AVENUE**  
**INDIAN ROCKS BEACH FL 33785**

**2. Principal Place of Business**  
**1616 GULF TO BAY BLVD**

**3. Mailing Address**  
**1616 GULF TO BAY BLVD**

Suite, Apt. #, etc.  
**SUITE E**

Suite, Apt. #, etc.  
**SUITE E**

City & State  
**CLEARWATER, FL**

City & State  
**CLEARWATER, FL**

Zip  
**33755**

Country  
**USA**

Zip  
**33755**

Country  
**USA**

**4. FEI Number**  
**59-3685282**

Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PSTD** ☐ Delete  
**NAME** **BUCZYNSKI, JOHN**  
**STREET ADDRESS** **470 20TH AVENUE**  
**CITY-ST-ZIP** **INDIAN ROCKS BEACH FL 33785**

**TITLE** **PSTD** ☒ Change ☐ Addition  
**NAME** **BUCZYNSKI, JOHN**  
**STREET ADDRESS** **1634 SCOTT ST**  
**CITY-ST-ZIP** **CLEARWATER, FL 33755**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:** **JOHN BUCZYNSKI** **9/11/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/2004 15:01