

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90074 022 \*\*\*150.00

DOCUMENT # **P27128**

1. Entity Name

**HOMES HOLDINGS CORPORATION**

Principal Place of Business

**1500 NORTH DALE MABRY HIGHWAY  
TAMPA FL 33607**

Mailing Address

**1500 NORTH DALE MABRY HIGHWAY  
TAX DEPT. 7-EAST  
TAMPA FL 33607**

2. Principal Place of Business

**4211 W. Boy Scout Blvd.**

3. Mailing Address

**4211 W. Boy Scout Blvd.**

Suite, Apt. #, etc.

**Suite 1000**

Suite, Apt. #, etc.

**Tax Dept. - Suite 1000**

City & State

**Tampa, FL 33607**

City & State

**Tampa, FL 33607**

Zip

Country

Zip

Country

4. FEI Number

**13-3429949**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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

(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 \$150.00  
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCAS HULT, FRANK A 1500 NORTH DALE MABRY HIGHWAY TAMPA FL 33607</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MICHAEL, ROBERT W 1500 NORTH DALE MABRY HWY TAMPA FL 33607</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT EISCH, CYNTHIA B 1500 NORTH DALE MABRY HWY TAMPA FL 33607</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PORTER, EDWARD A. 4211 W. Boy Scout Blvd. Tampa, FL 33607</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT Joseph J. Troy 4211 W. Boy Scout Blvd. Tampa, FL #3607</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Michael M. Roberts 4211 W. Boy Scout Blvd. Tampa, FL 33607</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4211 W.Boy Scout Blvd.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VD William F. Ohrt 4211 W. Boy Scout Blvd. Tampa, FL 33607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Anthony L. Hines 4211 W. Boy Scout Blvd. Tampa, FL 33607</b>

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.

**HOMES HOLDINGS CORPORATION**

SIGNATURE: By/ Cynthia B. Eisch **Cynthia B. Eisch, Asst. Treasurer 2/15/2002 813.871.4273**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)