

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90075 022 ***150.00

0055342

DOCUMENT # P93000052153

1. Entity Name

SIENA HOME CORPORATION

Principal Place of Business

**2909 W STATE RD 434
SUITE 121-131
LONGWOOD FL 32779
US**

Mailing Address

**2909 W STATE RD 434
SUITE 121-131
LONGWOOD FL 32779
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3193130**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GOODMAN, BARRY S
2909 W STATE RD 434
SUITE 121-131
LONGWOOD FL 32779**

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, 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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	GOODMAN, BARRY S	
STREET ADDRESS	2909 W STATE ROAD 434, #121-131	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE	DP	<input type="checkbox"/> Delete
NAME	FREEDMAN, JERRY	
STREET ADDRESS	2909 W STATE ROAD 434 #121-131	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE	T	<input type="checkbox"/> Delete
NAME	KNOWLES, LISA A	
STREET ADDRESS	2909 W STATE RD 434 STE 121-131	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE	S	<input type="checkbox"/> Delete
NAME	NOVOTNY, CHRISTINA M	
STREET ADDRESS	2909 W STATE RD 434 STE 121-131	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE	V	<input type="checkbox"/> Delete
NAME	HUGHEY, JOANNE	
STREET ADDRESS	2909 W STATE RD 434 STE 121-131	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome B. Freedman, President 407-786-4244

Date

Daytime Phone #

CR2E034 (10/00)