

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90021 047 \*\*\*158.75

DOCUMENT # P93000074361  
1. Entity Name

HERRINGTON HOMES CORP



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
809 Walkerbilt Rd

3. Mailing Address  
809 Walkerbilt Rd

Suite, Apt. #, etc.  
8

Suite, Apt. #, etc.  
8

City & State  
Naples FL 34110

City & State  
Naples FL

4. FEI Number  
65-0447781

Applied For  
Not Applicable

Zip Country  
34110 Collier

Zip Country  
34110 Collier

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name

CIOCE, DOUGLAS G

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

7051 Hunters Rd

City  
Naples

FL Zip Code  
34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Douglas G. Cioce* President 01-06-04  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
CIOCE, ROSEANN P  
7051 HUNTERS RD  
NAPLES, FL 34109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CIOCE, DOUGLAS G  
7051 HUNTERS RD  
NAPLES, FL 34109

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with an office-like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1739592-9398

CR2E034B (12/02)