

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024176

1. Entity Name

COMPASS HOMES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90105 036 ***150.00

Principal Place of Business

Mailing Address

861 W MORSE BLVD
SUITE 250
WINTER PARK FL 32789

861 W MORSE BLVD
SUITE 250
WINTER PARK FL 32789-3779

2. Principal Place of Business

3. Mailing Address

PO BOX 940658

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MAITLAND, FL

4. FEI Number

59-3239509

Applied For

Not Applicable

Zip

Country

Zip

Country

32794-0658

U.S.

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

WALKER, BARRY
C/O WALKER AND ASSOCIATES
235 S. MAITLAND AVE #216
MAITLAND FL 32751

Name
DON L. BROWN

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

200 NORTH THORNTON AVENUE

City
ORLANDO

FL Zip Code
32801

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GREENE, SHELDON
861 W MORSE BLVD
WINTER PARK FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ANGLIN, HELEN
861 W MORSE BLVD
WINTER PARK FL

☐ Delete

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

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

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

4/24/00

Date

407-647-5111

Daytime Phone #

CR2E034 (9/99)