

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015945

1. Entity Name

HOME OWNERS MANAGEMENT ETCETERA, INC.

Principal Place of Business

301 DOW COURT  
GREEN COVE SPRINGS FL 32043  
US

Mailing Address

P O BOX 204  
DRS INLET FL 32030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, LINDA F  
301 DOW COURT  
GREEN COVE SPRINGS FL 32043

Name

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

City

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
BURKETT, MARY K  
7772 MACTAVISH WAY S  
JACKSONVILLE FL 32244 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
PARRISH, LINDA F  
301 DOW COURT  
GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE  
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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: *Linda F. Parrish* *Linda F. Parrish*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90077 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3380717**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)