

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033543

1. Entity Name
DELCOR HOMES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90080 035 ***150.00

Principal Place of Business 6830 BOTTLEBRUSH LANE NAPLES FL 34109	Mailing Address 6830 BOTTLEBRUSH LANE NAPLES FL 34109
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business NAPLES, FLA. Suite, Apt. #, etc.	3. Mailing Address 6830 BOTTLEBRUSH LN. Suite, Apt. #, etc.
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City & State NAPLES FL	City & State NAPLES FL	4. FEI Number 65-0577510	Applied For Not Applicable
Zip 34109	Country Collier	Zip 34109	Country Collier

6. Name and Address of Current Registered Agent CORDELL, ALLEN 6830 BOTTLEBRUSH LANE NAPLES FL 34109	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code
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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 Allen L. Cordell ALLEN L. CORDELL, R.E. & PRES.
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-statuting) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

FEE NOW DUE \$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 '01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORDELL, ALLEN 6830 BOTTLEBRUSH LANE NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CORDELL, DOROTHY 6830 BOTTLEBRUSH LANE NAPLES FL 34109 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Allen L. Cordell ALLEN L. CORDELL, Pres. 4/23/01 (941) 566-2238
Signature Date Daytime Phone #

CR2E034 (10/00)