

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90120 032 \*\*\*150.00

**DOCUMENT # P95000040981**

**1. Entity Name**  
**WELCOME HOMES MANAGEMENT, INC.**

**Principal Place of Business**

**3146 VINELAND RD SR 535**  
**KISSIMMEE FL 34746**  
**US**

**Mailing Address**

**200 E. ROBINSON STREET**  
**SUITE 500**  
**ORLANDO FL 32801**  
**US**

**2. Principal Place of Business**

**3150 Vineland Rd SR 535**

**3. Mailing Address**

**3150 Vineland Rd.**

**Suite, Apt., etc.**

**Suite, Apt., etc.**



DO NOT WRITE IN THIS SPACE

**City & State**

**Kissimmee FL**

**City & State**

**Kissimmee**

**4. FEI Number**

**59-3389607**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**34746**

**USA**

**Zip**

**Country**

**34746**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

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

**FLORIDA CORPORATE SUPPORT, INC.**  
**200 E. ROBINSON STREET**  
**SUITE 500**  
**ORLANDO FL 32801**

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

**Name** **Anne-Marie McCormack**  
**Street Address (P.O. Box Number is Not Acceptable)** **3150 Vineland Rd SR 535**  
**City** **Kissimmee** **FL** **Zip Code** **34746**

**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** *AMM McCormack*  
Signature, typed or printed name of registered agent and

**DATE** **4/25/02**

**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, 2002 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**

<b>TITLE</b>	<b>PSD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MCCORMACK, ANNE-MARIE</b>	
<b>STREET ADDRESS</b>	<b>3146 VINELAND ROAD, S.R. 535</b>	
<b>CITY-ST-ZIP</b>	<b>KISSIMMEE FL 34746</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>JOHN M. M. McCormack</b>	
<b>STREET ADDRESS</b>	<b>3150 Vineland Rd SR 535</b>	
<b>CITY-ST-ZIP</b>	<b>Kissimmee, FL 34746</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *AMM McCormack*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DATE** **4/26/02**

**Daytime Phone #**

CR2E034 (9/01)