

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050202

1. Entity Name

HOMES & DREAMS REALTY, INC.

Principal Place of Business

5111-E OCEAN BLVD.
SARASOTA FL 34242

Mailing Address

5111-E OCEAN BLVD.
SARASOTA FL 34242-1678

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DEFREEST, PHILLIP
2675 BRYCE LANE
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name
PHILLIP DEFREEST

Street Address (P.O. Box Number is Not Acceptable)
6401 HOLLYWOOD BLVD.

City
SARASOTA

FL

Zip Code
34231

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEFREEST, PHILLIP
2675 BRYCE LANE
SARASOTA FL 34231 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEFREEST, PHILLIP
6401 HOLLYWOOD BLVD.
SARASOTA, FL. 34231 ☒ Change ☐ Addition

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

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

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

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

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

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 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PHILLIP DEFREEST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

941-374-6397

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90095 015 ***150.00

00007500



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0596635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required