

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050617

1. Entity Name

MAGLICH HOMES, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90366 045 ***550.00

0408827

Principal Place of Business

2508 MONTEREY ST
 SARASOTA FL 34231
 US

Mailing Address

2508 MONTEREY ST
 SARASOTA FL 34231
 US

7 6 9 2 4 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

412 MACEWEN DR

3. Mailing Address

412 MAC EWEN DR

Suite, Apt. #, etc.

Osprey FL

Suite, Apt. #, etc.

City & State

City & State

Zip

34229

Country

USA

Zip

34229

Country

USA

4. FEI Number 65-0604054

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAGLICH, RICK G
 4933 OLD CREEK DR.
 SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

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

City

FL

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 MAGLICH, RICK G
 4933 OLD CREEK DR.
 SARASOTA FL 34233 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 T
 MAGLICH, DOUGLAS G
 4923 OLD TREE PLACE
 SARASOTA FL 34233 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 MAGLICH, DAN R
 2508 MONTEREY ST
 SARASOTA FL ☐ 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
☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 MAGLICH, DAN R
 412 MACEWEN DR
 Osprey, FL 34229 ☒ 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

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: DAN MAGLICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-01

Date

941 927-2928

Daytime Phone #

CR2E034 (10/00)