

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000052880**

1. Entity Name

FLORIDA HOMES DEVELOPMENT, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90036 012 ***150.00

Principal Place of Business

2301 DEL PRADO BLVD., #100
CAPE CORAL FL 33990

Mailing Address

2301 DEL PRADO BLVD., #100
CAPE CORAL FL 33990-4696

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0658403**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KREILINGER, WOLFGANG K
2034 FOUR MILE COVE
CAPE CORAL FL 33990Name **FRIEDRICH G. HEINDL**

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

2301 DEL PRADO BLVD., #100**CAPE CORAL**

City

FLZip Code
33990

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 State10. 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 **PST** ☐ Delete
NAME **ROSENBERGER, HEINZ**
STREET ADDRESS **2301 DEL PRADO BLVD., #100**
CITY-ST-ZIP **CAPE CORAL FL 33990**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **HEINDL, FRIEDRICH**
STREET ADDRESS **2301 DEL PRADO BLVD. #100**
CITY-ST-ZIP **CAPE CORAL FL 33990**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Add
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CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP

1/10/2000

954/772 2020