

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91597 014 \*\*\*150.00

**DOCUMENT # P95000053607**

1. Entity Name

**TRUST HOMES AND DEVELOPMENT CORPORATION**

Principal Place of Business

**1450 KASTNER PLACE  
 STE 128  
 SANFORD FL 32771**

Mailing Address

**1450 KASTNER PLACE  
 STE 128  
 SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3340462**

Applied For

Not Applicable

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

**MAYER, LINDA F  
 1450 KASTNER PLACE  
 STE 128  
 SANFORD FL 32771**

Name  
**Kevin Felgenhauer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1450 Kastner Place**  
**Ste: 128**  
 City **Sanford** **FL** Zip Code **32771**

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

*Kevin Felgenhauer*  
 Signature, typed or printed name of registered agent and title if applicable.

*(Changing title only)*  
 (NOTE: Registered Agent signature required when reinstating)

*4/28/01*  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FELGENHAUER, KEVIN C</b>	
STREET ADDRESS	<b>1450 KASTNER PL. STE 128</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MAYER, LINDA</b>	
STREET ADDRESS	<b>1450 KASTNER PL. STE. 128</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Felgenhauer, Kevin C</b>	
STREET ADDRESS	<b>1450 Kastner Pl. Ste: 128</b>	
CITY-ST-ZIP	<b>Sanford, FL 32771</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE:

*Kevin Felgenhauer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/01 (407) 302-9044*  
 Date Daytime Phone #

CR2E034 (10/00)