

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033444

1. Entity Name

MURRAY HOMES, INC.

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

05-18-2001 91222 003 ***150.00

Principal Place of Business

1858 RINGLING BLVD
SARASOTA FL 34236
US

Mailing Address

1858 RINGLING BLVD
SARASOTA FL 34236
US

551490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3424 PINE VALLEY DR

City & State

SARASOTA FL

Zip

34239

Country

USA

3. Mailing Address

AS BESIDE

Suite, Apt. #, etc.

City & State

4. FEI Number 59-3375336

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLENDINNING, RENE M
1885 RINGLING BLVD
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

STEVE MURRAY

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

3424 PINE VALLEY DR

City

SARASOTA

FL

Zip Code

34239

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

4/26/01

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	DPT	<input type="checkbox"/> Delete
NAME	MURRAY, JOHN P	
STREET ADDRESS	#4 SAXON PLACE	
CITY-ST-ZIP	LYMINGTON, HAMPSHIRE UK S041- 9EZ	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MURRAY, GLYNIS	
STREET ADDRESS	#4 SAXON PLACE	
CITY-ST-ZIP	LYMINGTON, HAMPSHIRE UK S041- 9EZ	
TITLE	V	<input type="checkbox"/> Delete
NAME	MURRAY, STEPHEN J	
STREET ADDRESS	#4 SAXON PLACE	
CITY-ST-ZIP	LYMINGTON, HAMPSHIRE UK S041- 9EZ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, JOHN P	
STREET ADDRESS	RAMBLER COTTAGE, 21 GARDEN RD	
CITY-ST-ZIP	BURLEY BH24 4EA. UK	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, GLYNIS	
STREET ADDRESS	RAMBLER COTTAGE	
CITY-ST-ZIP	BURLEY BH24 4EA. UK	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, STEPHEN J	
STREET ADDRESS	RAMBLER COTTAGE	
CITY-ST-ZIP	BURLEY BH24 4EA. UK	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

941-350-7777

Daytime Phone #

CR2E034 (10/00)