

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000979

1. Entity Name

SOUTHWEST FLORIDA DREAM HOMES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90021 037 ***150.00

Principal Place of Business

Mailing Address

2804 DEL PRADO BLVD.
SUITE 205
CAPE CORAL FL 33904

2804 DEL PRADO BLVD.
SUITE 205
CAPE CORAL FL 33904-3444

2. Principal Place of Business

326 SE 31st Ter.

3. Mailing Address

326 SE 31st Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral

City & State

Cape Coral

4. FEI Number

65-0719588

Applied For

Not Applicable

Zip

33904

Country

FL

Zip

33904

Country

FL

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

RICCIANI, RICHARD R
6371-4 PRESIDENTIAL COURT
FT. MYERS FL 33919

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HAHUES, HANS PETER	
STREET ADDRESS	326 SE 32ST TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAHUES, MONIKA	
STREET ADDRESS	326 SE 31ST TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

M. Hahues

03/17/00

Date

941-772-4511

Daytime Phone #

CR2E034 (9/99)