

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021312

1. Entity Name  
GIORDANO HOMES INC.

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90275 046 \*\*\*150.00

Principal Place of Business  
4500 CR 13 SOUTH  
ELKTON FL 32033

Mailing Address  
4500 CR 13 SOUTH  
ELKTON FL 32033

100 Southwalk Place  
St Augustine FL 32086

718655



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3440009

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

GIORDANO, ALFRED  
4500 CR 13 SOUTH  
ELKTON FL 32033

Name

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

100 Southwalk Place  
St Augustine FL 32086

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
GIORDANO, ALFRED  
4500 CR 13 SOUTH  
ELKTON FL 32033  
100 Southwalk Place  
St. Augustine 32086

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
Patsy C Giordano  
100 Southwalk Place  
St Augustine FL 32086

TITLE  
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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: Alfred Giordano  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-2001 904 797-3764  
Date Daytime Phone #

CR2E034 (10/00)