

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034247

1. Entity Name

JADE HOMES INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90222 011 \*\*\*150.00

Principal Place of Business

Mailing Address

1134 GULF OF MEXICO DRIVE  
STE 302  
KEY FL 34228

4134 GULF OF MEXICO DRIVE  
STE 302  
LONGBOAT KEY FL 34228-2614

2. Principal Place of Business

3. Mailing Address

1899 PORTER LAKE DR

1899 PORTER LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE: 101

SUITE: 101

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34240

Country

U.S.A.

Zip

34240

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0775971

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

WOMACK, GEORGE  
4134 GULF OF MEXICO DRIVE  
STE 302  
LONGBOAT KEY FL 34228

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	PD	<input type="checkbox"/> Delete
NAME	COLES, ANDREW M	
STREET ADDRESS	4134 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLES, JASON D	
STREET ADDRESS	4134 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLES, DERICK M	
STREET ADDRESS	4134 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOMACK, GEORGE H	
STREET ADDRESS	4134 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, ANTHONY J	
STREET ADDRESS	4134 GULF OF MEXICO DR	
CITY-ST-ZIP	LONG BOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
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		
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

A.M. COLES

Date

Daytime Phone #

4/26/00 (94)378-8990

CR2E034 (9/99)