

# 2000 UNIFORM BUSINESS REPORT (UBR)

0509773

DOCUMENT # P98000025020

1. Entity Name

IRONWOOD HOMES OF HOMOSASSA, INC.

FILED

00 APR 18 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

585 S. SUNCOAST BLVD  
HOMOSASSA FL 34448

585 S. SUNCOAST BLVD  
HOMOSASSA FL 34448-6430

2. Principal Place of Business

3. Mailing Address

585 S. SUNCOAST BLVD.

585 S. SUNCOAST BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL. 34448

City & State

HOMOSASSA, FL. 34448

Zip

34448

Country

CITRUS

Zip

Country

4. FEI Number

59-3502826

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

HALEY, WILLIAM J  
10 NORTH COLUMBIA STREET  
LAKE CITY FL 32055

Name

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

700003236447--6

-05/03/00--01030--024

City

\*\*\*150.00PL\*\*\*150.00

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	PDS	<input type="checkbox"/> Delete
NAME	FRIER, MATTHEW WAYNE	
STREET ADDRESS	12788 US 90 WEST	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRIER, WAYNE	
STREET ADDRESS	12788 US 90 WEST	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRIER, TODD D	
STREET ADDRESS	12788 US 90 WEST	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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	
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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:)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-00

9043622720

CR2E034 (9/99)