

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031126

1. Entity Name

ASPIRE HOMES, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90103 014 \*\*\*150.00

Principal Place of Business

7250 CAMP AZALEA ROAD  
CHIEFLND FL 32626

Mailing Address

7250 CAMP AZALEA ROAD  
CHIEFLAND FL 32626-4901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3504776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALLMAN, DAVID A  
312 EAST PARK AVE.  
CHIEFLND FL 32626

7. Name and Address of New Registered Agent

Name

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

7250 Camp Azalea Road

City

Chiefland

FL

Zip Code

32626

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 *David A Hallman*  
Signature, typed or printed name of registered agent and title if applicable

*ANNE THOMPSON CALHOUN*  
(NOTE: Registered Agent signature required when reinstating)

1-13-00  
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

TITLE	P	<input type="checkbox"/> Delete
NAME	SPEARS, RANDY S	
STREET ADDRESS	1229 SUGAR CREEK BLVD.	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOLLMAR, PAULA J	
STREET ADDRESS	12929 SUGAR CREEK BLVD	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	TS CALHOUN	<input type="checkbox"/> Delete
NAME	CALHAN, ANNE THOMPSON	
STREET ADDRESS	7250 CAMP AZALEA ROAD	
CITY-ST-ZIP	CHIEFLND FL 32626	
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	<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	correct spelling
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 *Paula J Follmar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)