

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044534

1. Entity Name

CLASSIC HOMES of the Treasure Coast, Inc

Principal Place of Business

Mailing Address

2402 SE BORDEAUX CT
PORT ST LUCIE, FL 34952

2. Principal Place of Business

3. Mailing Address

2402 SE BORDEAUX CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ST LUCIE, FL

Zip

Country

Zip

Country

34952 ST LUCIE

4. FEI Number

65-0845099

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

N. RONALD ANSARA
Fleetwood Reg Hq, Inc.
2731 SE MORNINGSIDE BLVD
PORT ST LUCIE FL 34952

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)

4.30.2001

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	P	☐ Delete
NAME	ROSEMARY ANSARA	
STREET ADDRESS	2402 SE BORDEAUX	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
TITLE	N	☐ Delete
NAME	N. RONALD ANSARA	
STREET ADDRESS	2402 SE BORDEAUX CT	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
TITLE	S	☒ Delete
NAME	NANCY STORLING	
STREET ADDRESS	2911 SW LANGFELD	
CITY-ST-ZIP	PORT ST LUCIE, FL 34984	
TITLE	VP	☒ Delete
NAME	ROBERT STORLING	
STREET ADDRESS	2911 SW LANGFELD	
CITY-ST-ZIP	PORT ST LUCIE, FL 34984	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PS	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(l), 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

4.30.2001

Date

561.337.4729

Daytime Phone #

659228

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)