

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90228 043 ***158.75

DOCUMENT # P98000060725

1. Entity Name

GLENN DAVIS HOMES, INC.

Principal Place of Business

Mailing Address

812 NOTTINGHAM STREET
 ORLANDO FL 32803
 US

812 NOTTINGHAM STREET
 ORLANDO FL 32804-3823
 US

2. Principal Place of Business

3. Mailing Address

105 W. Evans St

105 W. Evans St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 ORLANDO, FL

City & State
 ORLANDO, FL

4. FEI Number 59-3521672

Applied For

Not Applicable

Zip Country
 32804 US

Zip Country
 32804 US

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

DAVIS, GLENN R
 812 NOTTINGHAM STREET
 ORLANDO FL 32803

Name

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

105 W. Evans Street

City ORLANDO

FL

Zip Code 32804

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 DPT
 NAME DAVIS, GLENN R ☐ Delete
 STREET ADDRESS 812 NOTTINGHAM STREET
 CITY-ST-ZIP ORLANDO FL 32803

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 105 W. Evans STREET
 CITY-ST-ZIP ORLANDO, FL 32804

TITLE VSD
 NAME DAVIS, FLORA JENI ☐ Delete
 STREET ADDRESS 812 NOTTINGHAM STREET
 CITY-ST-ZIP ORLANDO FL 32803

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 105 W. Evans Street
 CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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)(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 #

CR2E034 (9/99)