

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086446

1. Entity Name

STEVE MUNDINE HOMES, INC.

Principal Place of Business

Mailing Address

270 BARNES BLVD. 3652 MCLEAN AVE  
ROCKLEDGE FL 32955

P.O. BOX 561317  
ROCKLEDGE FL 32956-1317

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 59-3536942

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

EUBANK, MICHAEL J  
270 BARNES BLVD.  
ROCKLEDGE FL 32955

Name STEVEN J. MUNDINE

Street Address (P.O. Box Number is Not Acceptable)  
3652 MCLEAN AVE.

City ROCKLEDGE, FL

FL

Zip Code 32955

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

STEVEN J. MUNDINE, PRESIDENT/DIRECTOR

1/30/2001

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, 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 D  
NAME MUNDINE, STEVEN J  
STREET ADDRESS 3652 MCLEAN AVE.  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE PRESIDENT/DIRECTOR  
NAME SECRETARY/TREAS. ☒ Change ☐ Addition

TITLE D  
NAME EUBANK, MICHAEL J  
STREET ADDRESS 1306 HERITAGE ACRES BLVD.  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☒ Delete

TITLE [Delete]  
NAME [Delete]  
STREET ADDRESS [Delete]  
CITY-ST-ZIP [Delete] ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

MICHAEL J. EUBANK, SEC-TREAS/DIRECTOR

1/30/2001

321-636-2377

Date

Daytime Phone #

CR2E034 (10/00)