

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001007

1. Entity Name

MAESBURY HOMES, INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90044 006 \*\*\*150.00

Principal Place of Business

Mailing Address

~~504 LOST CREEK COURT-  
KISSIMMEE FL 34741~~

~~504 LOST CREEK COURT  
KISSIMMEE FL 34743-6128~~

2. Principal Place of Business

3. Mailing Address

3038 Michigan Ave 3038 Michigan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee FL

Kissimmee FL

Zip

Country

Zip

Country

34744

Osceola

34744

Osceola

4. FEI Number

59-3560295

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

HAYES, ROBERT S  
441 W. VINE STREET  
KISSIMMEE FL 34741

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)

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 D ☐ Delete  
NAME HARRISON, MARTYN  
STREET ADDRESS ~~504 LOST CREEK COURT-~~  
CITY-ST-ZIP ~~KISSIMMEE FL 34741~~

TITLE D ☒ Change ☐ Addition  
NAME Harrison, Martyn  
STREET ADDRESS 3038 Michigan Ave  
CITY-ST-ZIP Kissimmee, FL 34744

TITLE PVST ☐ Delete  
NAME OXLEY, PAUL  
STREET ADDRESS ~~504 LOST CREEK COURT-~~  
CITY-ST-ZIP ~~KISSIMMEE FL 34741~~

TITLE PVST ☒ Change ☐ Addition  
NAME OXLEY, PAUL  
STREET ADDRESS 3038 MICHIGAN AVE  
CITY-ST-ZIP Kissimmee FL 34744

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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)(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

Paul Oxley Pres

4-7-00

Date

407-518-7433

Daytime Phone #

CR2E034 (9/99)