

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017892

1. Entity Name  
FLORIDA HOME SITES, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90198 010 \*\*\*150.00

Principal Place of Business

261 S. TAMiami TRAIL  
NOKOMIS FL 34275

Mailing Address

261 S. TAMiami TRAIL  
NOKOMIS FL 34275

00053392

2. Principal Place of Business

1531 S. Tamiami Trl

3. Mailing Address

1531 S. Tamiami Trl

Suite, Apt. #, etc.  
#703

Suite, Apt. #, etc.  
#703

City & State

Venice, FL

City & State

Venice, FL

Zip  
34292

Country  
USA

Zip  
34292

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KHLEIF, ROD  
261 S. TAMiami TRAIL  
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name Rod Khleif

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

1531 S. Tamiami Trl #703

City Venice

FL

Zip Code 34292

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

4-30-01

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

TITLE D  
NAME KHLEIF, ROD  
STREET ADDRESS 261 S. TAMiami TRAIL  
CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME Khleif, Rod ☒ Change ☐ Addition  
STREET ADDRESS 1531 S. Tamiami Trl #703  
CITY-ST-ZIP Venice, FL 34292

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROD KHLEIF 4-27-01 941-497-4000

Date

Daytime Phone #

CR2E034 (10/00)

Attachment  
#P99000017892

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

**00053392**

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions)	Florida Home Sites, Inc.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
	Same	N/A	
	4a Mailing address (street address) (room, apt., or suite no.)	5a Business address (if different from address on lines 4a and 4b)	
	1531 S. Tamiami Trl #703	SAME	
	4b City, state, and ZIP code	5b City, state, and ZIP code	
	Venice, FL 34292		
6 County and state where principal business is located	County of Sarasota, State of Florida		
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►			

**8a** Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> REMIC <input type="checkbox"/> National Guard	<input type="checkbox"/> Other corporation (specify) ► _____
<input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ► _____	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ► _____	

<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>FL</b>	Foreign country
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<b>9</b> Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input checked="" type="checkbox"/> Started new business (specify type) ► _____	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Created a trust (specify type) ► _____
	<input type="checkbox"/> Other (specify) ► _____

<b>10</b> Date business started or acquired (month, day, year) (see instructions)	<b>11</b> Closing month of accounting year (see instructions)
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<b>12</b> First date wages or annuities were paid or will be paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	
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<b>13</b> Highest number of employees expected in the next 12 months. <b>Note:</b> If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural	Agricultural	Household
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<b>14</b> Principal activity (see instructions) ►
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<b>15</b> Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," principal product and raw material used ►

<b>16</b> To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►		

<b>17a</b> Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Note:</b> If "Yes," please complete lines 17b and 17c.

<b>17b</b> If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

<b>17c</b> Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► <b>Rod Khleif</b>	Business telephone number (include area code) <b>(941) 497-4000</b>
	Fax telephone number (include area code) <b>(941) 408-8997</b>

Signature ►	Date ► <b>4-16-01</b>
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**Note:** Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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