## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE: (

## Jan 16, 2002 8:00 am Secretary of State DOCUMENT # P99000051877 1. Entity Name 01-16-2002 90095 033 \*\*\*150.00 HOMES OF TRADITION, INC. Principal Place of Business Mailing Address P.O. BOX 1330 P.O. BOX 1330 ESTERO FL 33928-1330 ESTERO FL 33928-1330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0927881 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLENN A. 1 ARR TARR, GLENN A JR. O. Box Number is Not Acceptable) 790 HARBOUR DRIVE, STE 2B NAPLES FL 34103 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named e **SIGNATURE** 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Change ☐ Addition ☐ Delete NAME TARR, GLENN A JR. NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1330 CITY-ST-ZIP CITY-ST-ZIP ESTERO FL 33928 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-\$T-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP I hereby certify that the information scopplied 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 supplier/iental 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

FILED