

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90063 019 ***158.75

DOCUMENT # P99000053055

1. Entity Name
ORANGE BLOSSOM HILLS CUSTOM HOMES INC.

Principal Place of Business
15746 S.E. 89TH CRT
SUMMERFIELD FL 34401

Mailing Address
P.O. BOX 1157
WEIRSDALE FL 32195

971332



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2900 SE 186 PL RD
 Suite, Apt. #, etc.

3. Mailing Address
2900 SE 186 PL RD
 Suite, Apt. #, etc.

City & State
SUMMERFIELD

City & State
SUMMERFIELD

4. FEI Number **59-3610029**
57907

Applied For
 Not Applicable

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

Zip Country
FL 34491

6. Name and Address of Current Registered Agent
REICH, JAMES T ESQ.
606 S.W. 3RD AVE.
OCALA FL 34478

7. Name and Address of New Registered Agent
 Name
Don H. Frazier
 Street Address (P.O. Box Number is Not Acceptable)
~~15746 S.E. 89TH CRT~~
2900 SE 186 PL RD
 City
Summerfield **FL** Zip Code
34491

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 DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCKRELL, RICHARD		NAME		
STREET ADDRESS	14181 S.E. 155TH STREET		STREET ADDRESS	2900 SE 186 PL RD	
CITY-ST-ZIP	WEIRSDALE FL 32195		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAZIER, DON H		NAME		
STREET ADDRESS	15746 S.E. 89TH CRT		STREET ADDRESS	2900 SE 186 PL RD	
CITY-ST-ZIP	SUMMERFIELD FL 34491		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **4-30-01** **352 387-2391**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)