

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90886 038 \*\*\*158.75

**DOCUMENT # P99000053055**

1. Entity Name

**ORANGE BLOSSOM HILLS CUSTOM HOMES INC.**

Principal Place of Business

~~2800 SE 156 PL RD~~  
**SUMMERFIELD FL 34491**

Mailing Address

~~2800 SE 156 PL RD~~  
**SUMMERFIELD FL 34491**

2. Principal Place of Business

**15437 S US Hwy 441**  
 Suite, Apt. #, etc.  
**Suite B**  
 City & State  
**SUMMERFIELD FL**

Zip  
**34491**  
 Country  
**USA**

3. Mailing Address

**15437 S US Hwy 441**  
 Suite, Apt. #, etc.  
**Suite B**  
 City & State  
**SUMMERFIELD FL**

Zip  
**34491**  
 Country  
**USA**

4. FEI Number **59-3657907**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRAZIER, DON H**  
**2900 SE 156 PL RD**  
**SUMMERFIELD FL 34491**

7. Name and Address of New Registered Agent

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, 2002 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  
 NAME **P COCKRELL, RICHARD** ☒ Delete  
 STREET ADDRESS **2900 SE 156 PL RD**  
 CITY-ST-ZIP **WEIRSDALE FL 32195**

TITLE  
 NAME **ST FRAZIER, DON H** ☐ Delete  
 STREET ADDRESS **2900 SE 156 PL RD**  
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME **PRES FRAZIER DON H** ☒ Change ☐ Addition  
 STREET ADDRESS **15437 S US Hwy 441-B**  
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE  
 NAME **ST MARY A FRAZIER** ☐ Change ☒ Addition  
 STREET ADDRESS **15437 S US Hwy 441-B**  
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

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

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

TITLE  
 NAME ☐ Change ☐ Addition  
 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 REQUIRED**

**DON H FRAZIER**

Date

**3-15-02**

Daytime Phone #

**307-2391**

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CR2E034 (9/01)