

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90012 022 ***150.00

0476970 AV

DOCUMENT # P99000085620

1. Entity Name
ST. VINCENT HOMES, INC.

Principal Place of Business
849 HWY. 27 S
LAKE HAMILTON FL 33851
US

Mailing Address
PO BOX 835
LAKE HAMILTON FL 33851
US



2. Principal Place of Business
4842 CYPRESS GARDENS RD.

3. Mailing Address
P.O.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WINTER HAVEN FL

City & State

4. FEI Number **59-3625415** Applied For
 Not Applicable

Zip **33884** Country **USA** Zip Country

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

6. Name and Address of Current Registered Agent
PHILLIPS, STEPHEN F
849 HWY 27 S.
LAKE HAMILTON FL

7. Name and Address of New Registered Agent
 Name **PHILLIPS, STEPHEN F**
 Street Address (P.O. Box Number is Not Acceptable)
950 FIRST ST S
STE 204
 City **WINTER HAVEN** **FL** Zip Code **33880**

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 (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, STEPHEN F		NAME		
STREET ADDRESS	950 FIRST ST. SOUTH, #200		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, WILLIAM V		NAME		
STREET ADDRESS	950 FIRST ST. SOUTH, #200		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		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		
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 lines empowered.

SIGNATURE: **WILLIAM V. COOK** Date **3/29/02**

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

CR2E034 (9/01)