

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **999000095274**

1. Entity Name

**THE HOME FINDERS REALTY, INC.**

Principal Place of Business

**1477 Market Street  
Tallahassee, FL 32312**

Mailing Address

**1477 Market Street  
Tallahassee, FL 32312**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3613866**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**Thompson, Susan S.  
3520 Thomasville Road, 4th Floor  
Tallahassee, Florida 32309**

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, 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **Malan, Gracie**  
CITY-ST-ZIP **1477 Market Street  
Tallahassee, FL 32312**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **Browne, Dessie**  
CITY-ST-ZIP **1477 Market Street  
Tallahassee, FL 32312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**9000046031298**  
**-09/21/01--01005--012**  
**\*\*\*150.00 \*\*\*150.00**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 this address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

**9/12/01 850-545-3309**

FILED

01 SEP 14 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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July 17th, 2001

Florida Department of State  
Division of Corporations

To whom it may concern,

We are asking special consideration in forgiving the late fee for our corporation renewal fee.

We are not aware of receiving the first application, however both my partner and myself had surgery at the first month of this year and we were not in the office.

We are sending the \$150.00 renewal fee and apologize sincerely for the delay.

Thank you for your understanding in this matter.

Dessie Browne, Broker/Owner

Gracie Malan, Broker/Owner

FBI # 59-3613866