## 2001 UNIFORM BUSINESS REPCRT (UBR)

	IMENT # <b>P99000</b> 0	98801			, <b>*</b>		
ASHLAND HOMES, INC.					FILED		
					od APR 30	PM 6: 07	
Principal Place of Business Mailing Address					01 APR 30 PM 6: 07		
5401 SOUTH KIRKMAN ROAD 5401 SOUTH KIRKMAN RO- SUITE 365 SUITE 365		)	SECRETARY OF STATE TALLAHASSEE, FLORIDA		OF STATE		
ORLANDO FL 32819 ORLANDO FL 32819				TALLAHASSE	e, FLURIDA		
Principal Place of Business     3. Mailing Address							
Suite, Apt. ≠, etc.		Suite, Apt. #, etc.	Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State			FEI Number <b>59-3609130</b>	Applied For Not Applicable	
Zip	ρ Country Zip		Country	5. Certificate of Status Desired See Required			
·	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Registered	<u> </u>	
ODIE			Name	Name			
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE			Street A	Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134					<del></del> ,		
			City	City E1 Zip Code			
The above named entity submits this statement for the purpose of changing its or the purpose of changing its order to the purpos							
Tax filing	ingnature, typed or printed name of registered agent an origination is eligible to satisfy its Intangible requirement and elects to do so.			00 550.00	10. Election Campaign Financing	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D		12.	A	DDITIONS/CHANGES TO OFFICERS ANI		
TITLE NAME	PD NADER, MICHAEL A	☐ Delete	TITLE NAME			Change	
STREET ADDRESS				665 Haroid Ave.			
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	win	ter Park, FL327	189	
TITLE NAME	VT NADED ANV C	☐ Delete	TITLE			Change	
STREET ADDRESS	NADER, AMY S 5 <del>401 South Kirkman R</del> oad		NAME STREET ADD <b>RE</b> SS	665	Harold Ave.		
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		ter Park, FL 327	89	
FITLE	SV BELL ELIZABETH W	Delete	TITLE		000004216	Change Addition	
MAME Street Address	Bell, Elizabeth W   5401 South Korkman Road	. `	NAME STREET ADDRESS		-05/15/01	01057001	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		****437.50	****218.75	
IITLE	D D D D D D D D D D D D D D D D D D D	Delete	TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS	Bell, John e IV   5401 South Korkman Road	. ,	NAME STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME		<b>78</b>		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		# 5J		
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
I 13. Thereby c	ertify that the information supplied with the	is filing does not qualify for h	e evernation stat	ed in Section	119.07(3)(i), Florida Statutes. I further cer	rtify that the information	
of the corp	on this report or supplemental report is tr paration or the receiver or trustee empow	ue and accurate and that mines ered to execute this report as	eranatura chali h	ava tha cama	legal effect as if made under oath; that I a rida Statutes; and that my name appears it	am an afficar or director	
changed,	cr on an attachment with an address, wit	h all other like empowered			/ /	4	