

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099490

1. Entity Name

THE HOUSE OF REAL ESTATE, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90147 050 \*\*\*150.00

Principal Place of Business

Mailing Address

4 SUGAR BOWL LANE  
PENSACOLA BEACH FL 32561

4 SUGAR BOWL LANE  
PENSACOLA BEACH FL 32561-2438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

EIN 59-3611359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHIBBS, SUZANNE N  
4 SUGAR BOWL LANE  
PENSACOLA BEACH FL 32561

7. Name and Address of New Registered Agent

Name

DAVID F LAUNIERIE

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

4 SUGAR BOWL LANE

City

PENSACOLA BEACH

FL

Zip Code

32561

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]*

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, 2000 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 *PRESIDENT*  
STREET ADDRESS *DAVID F LAUNIERIE*  
CITY-ST-ZIP *4 SUGAR BOWL LANE*  
*PENSACOLA BEACH, FL 32561*

TITLE ☐ Delete  
NAME *SECRETREASURY*  
STREET ADDRESS *BARBARA M LAUNIERIE*  
CITY-ST-ZIP *4 SUGAR BOWL LANE*  
*PENSACOLA BEACH, FL 32561*

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

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

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TITLE ☐ Change ☐ Addition  
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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 an address with all other like empowered.

SIGNATURE:

*[Signature]* DAVID F LAUNIERIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/APR/00

Date

850-932-6795

Daytime Phone #