

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90027 042 ***150.00

DOCUMENT # S60908

1. Entity Name

HOMECASTLE CORPORATION

Principal Place of Business

**226 GOLDEN GATE POINT
SARASOTA FL 34236
US**

Mailing Address

**226 GOLDEN GATE POINT
SARASOTA FL 34236-6668
US****AU022103**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0270784

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEVITT, SANDY
2201 RINGLING BLVD
SUITE 203
SARASOTA FL 34237**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SHORIN, JOSEPH E 226 GOLDEN GATE POINT #12 SARASOTA FL 34236			
D SHORIN, MARYANNE 226 GOLDEN GATE POINT #12 SARASOTA FL 34236			

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:

Maryanne Shorin **MARYANNE SHORIN**

Date

2/8/00

Daytime Phone #

941-951-6770

CR2E034 (9/99)