

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56752

1. Entity Name

HOME RUN REALTY, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90234 049 \*\*\*150.00

Principal Place of Business

170 BLOXHAM AVENUE  
ORANGE CITY FL 32763  
US

Mailing Address

170 BLOXHAM AVENUE  
ORANGE CITY FL 32763-8302  
US

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 59-3144378

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

BAGLEY, DIANE  
752 N. HWY 415  
OSTEEN FL 32764

Name Beverly, Diane

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 PD  
NAME BAGLEY, DIANE  
STREET ADDRESS 752 N. HWY. 415  
CITY-ST-ZIP OSTEEN FL 32764 ☐ Delete

TITLE NAME  
STREET ADDRESS BEVERLY, DIANE  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME BARBIERI, NINA  
STREET ADDRESS 1000 ABAGAIL DR.  
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE NAME  
STREET ADDRESS WITENY, Nina  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 an address, with all other like empowered.

SIGNATURE:

Witeny, Nina  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

904-774-8800

Daytime Phone #

CR2E034 (9/99)