

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90040 047 \*\*\*150.00

**DOCUMENT # 351060**

1. Entity Name  
**JIM WALTER HOMES, INC.**

|   |  |
|---|--|
| Principal Place of Business<br>1500 N. DALE MABRY<br>O BOX 31601<br>TAMPA FL 33631-0601 | Mailing Address<br>1500 N. DALE MABRY<br>TAX DEP 7 EAST<br>TAMPA FL 33607-2551 |
|---|--|

0001046J



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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 **59-1274589** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SO. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MICHAEL, ROBERT W<br>1500 N. DALE MABRY<br>TAMPA FL <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>ALMERIC, LEO<br>1500 NO. DALE MABRY<br>TAMPA FL <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>LOPEZ, SHIRLEY<br>1500 N. DALE MABRY<br>TAMPA FL 33607 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>KELLY, JOSEPH JR<br>1500 N. DALE MABRY<br>TAMPA FL <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BULLARA, SAM P JR<br>1500 N DALE MABRY<br>TAMPA FL <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>ROBERTS, MIKE<br>1500 N DALE MABRY<br>TAMPA FL <input type="checkbox"/> Delete             |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP/AS<br>Hult, Frank A.<br>1500 N. Dale Mabry Hwy.<br>Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: **JIM WALTER HOMES, INC.** Assistant Treasurer **3/18/2000** **(813) 871-4273**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

20070425  
# 351060

**Company Name:** Jim Waltelr Homes, Inc.

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**Employer ID No:** 59-1274589

**Subsidiary Information:** Subsidiary of Homes Holdings Corporation

**Notes:**

**Address and Telephone Number:** 1500 North Dale Mabry Highway  
Tampa, Florida 33607  
(813)-871-4811

**Mailing Address:** P.O. Box 31601  
Tampa, Florida 33631-33601

**Directors:**

**Date of Incorporation:** August 21, 1969

Richard E. Almy  
Arthur W. Huger  
G. Robert Durham  
Robert W. Michael

**State of Incorporation:** Florida

**Registered Agent:** C T Corporation System  
Registered Office  
1200 South Pine Island Road  
Plantation, FL 33324

**Officers:**

**Title:**  
President and Chief Operating Officer  
Senior-Vice President – Crestline Division  
Senior Vice President – Neatherlin Division  
Senior Vice President – Central Division  
Senior Vice President – Field Operations  
Vice President – Administration  
Vice President – Western Division Construction  
Vice President  
Vice President – Credit  
Vice President and Assistant Secretary  
Vice President, Treasurer and Chief Financial Officer  
Vice President – Western Division  
Vice President – Customer Service  
Vice President – Sales and Marketing

Robert W. Michael  
Joe D. Manis  
Kenneth Neatherlin  
Joseph P. Richardson, Jr.  
Michael M. Roberts  
Ronald K. Achille  
Ken Bufford  
Sam P. Bullara, Jr.  
Lane Hudson  
Frank A. Hult  
Joseph H. Kelly Jr.  
Jack L. Krueger  
Dorothy M. Leeds  
David McNamee

attach  
C0070425  
# 351060

**JIM WALTER HOMES, INC.**  
Tax Department 7-East  
1500 North Dale Mabry Highway  
Tampa, Florida 33607  
Fax: (813) 871-4360

April 18, 2000

Division of Corporations  
Uniform Business Report (UBR)  
P O Box 1500  
Tallahassee, FL 32302-1500

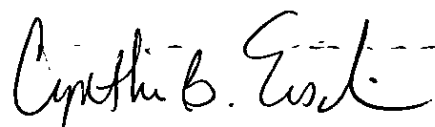
Re: FEI: 59-1274589  
Document No. - 351060

Dear Sir/Madam:

We enclose our State of Florida Uniform Business Report (UBR), together with our check in the amount of \$150.00 in payment of applicable filing fee for the taxable period 2000.

Very truly yours,

JIM WALTER HOMES, INC.

  
Cynthia B. Eisch  
Assistant Treasurer and  
Director of Taxes

CBE/jm  
Enclosures

cc: J. Kelly