

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90002 018 ***150.00

0519262

DOCUMENT # 351060

1. Entity Name
JIM WALTER HOMES, INC.

Principal Place of Business 1500 N. DALE MABRY P O BOX 31601 TAMPA FLA 33631-0601	Mailing Address 1500 N. DALE MABRY TAX DEP 7 EAST TAMPA FL 33631-0601
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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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 SO. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PD MICHAEL, ROBERT W 1500 N. DALE MABRY TAMPA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CYNTHIA B. EISCH 1500 N DALE MABRY HWY TAMPA FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HULT, FRANK A 1500 NO. DALE MABRY TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LOPEZ, SHIRLEY 1500 N. DALE MABRY TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary PORTER, EDWARD A. 1500 N.DALE MABRY HWY TAMPA FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KELLY, JOSEPH JR 1500 N. DALE MABRY TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BULLARA, SAM P JR 1500 N DALE MABRY TAMPA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTS, MIKE 1500 N DALE MABRY TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP/D <input checked="" 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 life empowered.

SIGNATURE: **By/ Cynthia B. Eisch** Asst. Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2001 (813)871-4273

Date Daytime Phone #

CR2E034 (10/00)

Company Name: Jim Walter Homes, Inc.

Attachment
351000

Employer ID No: 59-1274589

937133

Subsidiary Information: Subsidiary of Homes Holdings Corporation

Notes:

<u>Address and</u>	1500 North Dale Mabry Highway	<u>Mailing</u>	P.O. Box 31601
<u>Telephone</u>	Tampa, Florida 33607	<u>Address:</u>	Tampa, Florida 33631-33601
<u>Number:</u>	(813) 871-4811		

Directors:

Date of
Incorporation: August 21, 1969

Frank A. Hult
Michael M. Roberts

State of
Incorporation: Florida

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

Officers:

Title:
Executive Vice President and Chief Operating Officer
Senior Vice President – Crestline Division
Senior Vice President – Central Division
Senior Vice President
Senior Vice President of Financial, Treasurer
and Chief Financial Officer
Vice President – Western Division Construction
Vice President – Credit
Vice President – Western Division
Vice President – Customer Service
Vice President and Assistant Secretary
Controller

Michael M. Roberts
Joe D. Manis
Joseph P. Richardson, Jr.
Ronald K. Achille
Joseph H. Kelly Jr.

Ken Bufford
Lane Hudson
Jack L. Krueger
Dorothy M. Leeds
Frank A. Hult
John K. Culbreth