

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90044 050 ***150.00

UNIFORMS A1

DOCUMENT # 356090

1. Entity Name
FLEETWOOD HOMES OF FLORIDA, INC.

80047051



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 RIVERSIDE CA 92513-7638 US | Mailing Address C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 RIVERSIDE CA 92513-7638 US |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | |
|------------------------------------|--|
| 4. FEI Number 59-1295435 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 _____ 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. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTAS LARKIN, LYLE N. 3125 MYERS ST. BOX 7638 RIVERSIDE CA 92513-7638 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CCEO KUMMER, GLENN F 3125 MYERS ST. BOX 7638 RIVERSIDE CA 92513-7638 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD THEOBALD, FORREST D 3125 MYERS ST. BOX 7638 RIVERSIDE CA 92513-7638 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAD PLOWMAN, BOYD R 3125 MYERS ST. BOX 7638 RIVERSIDE CA 92513-7638 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCOD POTTER, NELSON W 3125 MYERS ST. BOX 7638 RIVERSIDE CA 92513-7638 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LOTT, C E 3125 MYERS ST RIVERSIDE CA 92513-7638 <input checked="" type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VOD WILKINSON, CHARLES A. 3125 MYERS ST. RIVERSIDE CA 92513 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS 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: LYLE N. LARKIN **2/23/02** 909-951-0797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

80047051

Attachment

FLEETWOOD HOMES OF FLORIDA, INC.
OFFICERS AND DIRECTORS OF
MANUFACTURED HOUSING SUBSIDIARIES OF
FLEETWOOD ENTERPRISES, INC.
(EASTERN REGION)

#856090

- Boyd R. Plowman Executive Vice President – Chief Financial Officer
and Assistant Secretary and Director
- Charles A. Wilkinson Executive Vice President - Operations
and Director
- Forrest D. Theobald Sr. Vice President - General Counsel and
Secretary
- Ron Brewer Vice President – Housing Operations
- J. Wesley Chancey Vice President – Sales & Marketing
- Gary Johnson Vice President – Materials & International
Business Development
- William Byrnes Vice President – Service & Field Installation
- Lyle N. Larkin Vice President - Treasurer and Asst. Secretary

ALL CORRESPONDENCE DIRECTED TO ANY OF THE
ABOVE SHOULD BE ADDRESSED AS FOLLOWS:

P. O. BOX 7638
RIVERSIDE, CA 92513-7638

2/11/02

OFFICERS AND DIRECTORS OF
MANUFACTURED HOUSING SUBSIDIARIES OF