

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # N95000003097

1. Entity Name

PHILLIPS GROUP HOME INC.

Principal Place of Business

7202 SR 235

LACROSSE
32658

FL

Mailing Address

P.O. BOX 290

LACROSSE
32658

FL

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

59-3323405

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

PHILLIPS JANICE E
7202 W SR 235

LACROSSE FL
32658

7. Name and Address of New Registered Agent

Name
PHILLIPS JANICE E

Street Address (P.O. Box Number is Not Acceptable)
7202 W SR 235

City
LACROSSE FL Zip Code
32658

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 JANICE E. PHILLIPS

04/28/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE TTR ☐ Delete
NAME JOHNSON GENEVA
STREET ADDRESS 2720 NE 12TH STREET
CITY-ST-ZIP GAINESVILLE FL

TITLE ADS ☐ Delete
NAME PHILLIPS JANICE
STREET ADDRESS 7202 SR 235
CITY-ST-ZIP LACROSSE FL

TITLE PD ☐ Delete
NAME PHILLIPS ANTHONY
STREET ADDRESS 7202 SR 235
CITY-ST-ZIP LACROSSE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.