

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03134

1. Entity Name

LOWDER NEW HOMES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90134 018 ***150.00

Principal Place of Business

Mailing Address

2000 INTERSTATE PARK DR.
SUITE 400
MONTGOMERY AL 36109

2000 INTERSTATE PARK DR.
SUITE 400
MONTGOMERY AL 36109

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

63-0383548

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

CT CORPORATION SYSTEM
1200 S. 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

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, 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 CTD ☐ Delete
NAME LOWDER, JAMES K.
STREET ADDRESS 2000 INTERSTATE PARK DR.
CITY-ST-ZIP MONTGOMERY AL

TITLE Chairman of the Board / Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VDS ☐ Delete
NAME LOWDER, THOMAS H.
STREET ADDRESS 2101 6TH AVENUE NORTH STE 750
CITY-ST-ZIP BIRMINGHAM AL

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

TITLE P ☐ Delete
NAME FARRIOR, ALAN S
STREET ADDRESS 2000 INTERSTATE PK
CITY-ST-ZIP MONTGOMERY AL

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

TITLE AS ☐ Delete
NAME TUCKER, BRYAN K
STREET ADDRESS 2000 INTERSTATE PARK DR
CITY-ST-ZIP MONTGOMERY AL 36109

TITLE Assistant Secretary / Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVP ☒ Delete
NAME WILLIAM, KEITH V
STREET ADDRESS 2000 INTERSTATE PARK DR
CITY-ST-ZIP MONTGOMERY AL 36109

TITLE Secretary ☐ Change ☒ Addition
NAME P.L. McLeod, Jr
STREET ADDRESS 2000 Interstate Park Dr.
CITY-ST-ZIP Montgomery, AL 36109

TITLE VP ☐ Delete
NAME SALIBA, CHARLES S
STREET ADDRESS 2000 INTERSTATE PARK DR
CITY-ST-ZIP MONTGOMERY AL 36109

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01

(334) 270-6638

CR2E034 (10/00)