

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004082

1. Entity Name

J. CHRISTOPHER HOMES, INC.

Principal Place of Business

31129 INDUSTRY DRIVE
TAVARES FL 32778

Mailing Address

31129 INDUSTRY DRIVE
TAVARES FL 32778

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 59-3160098

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

BAUGHMAN, J B
31129 INDUSTRY DR
TAVARES FL 32778

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 VDS ☐ Delete
NAME MOWERS, MICHAEL C
STREET ADDRESS 2731 MONTE CARLO CT
CITY-ST-ZIP EUSTIS FL 32726

TITLE PDS ☒ Change ☐ Addition
NAME MOWERS, MICHAEL C
STREET ADDRESS 1526 FAHNETT ST
CITY-ST-ZIP EUSTIS, FL, 32726

TITLE PDT ☐ Delete
NAME BAUGHMAN, J B
STREET ADDRESS 30921 SUNSET DR
CITY-ST-ZIP TAVARES FL 32778

TITLE VDT ☒ Change ☐ Addition
NAME BAUGHMAN, J. B.
STREET ADDRESS 1077 CAESARS CT.
CITY-ST-ZIP MOUNT DORA, FL, 32757

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

J. B. Baughman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-10-2001 90126 007 ***150.00

C0044144



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)