

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000017193**

1. Entity Name  
**KB HOME JACKSONVILLE INC.**

APPROVED  
AND  
FILED

02 MAY 10 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**3840 CROWN POINT ROAD  
SUITE A  
JACKSONVILLE FL 32257  
US**

**3840 CROWN POINT ROAD  
SUITE A  
JACKSONVILLE FL 32257  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3428781**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

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 obtaining a new certificate of incorporation or registered agent, or both, in the State of Florida

SIGNATURE

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

Signature, typed or printed name of officer or director if 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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>COLLINS, J. DANIEL</b><br><b>3840 CROWN POINT RD, STE A</b><br><b>JACKSONVILLE FL 32257</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VST</b><br><b>KNOWLES, MARK A</b><br><b>3840 CROWN POINT ROAD</b><br><b>JACKSONVILLE FL 32257</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b><del>RABO, ANTHONY M</del></b><br><b>3840 CROWN POINT RD, STE A</b><br><b>JACKSONVILLE FL 32257</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V.O.</b><br><b>WINDHOLZ, AARON L</b><br><b>3840 CROWN POINT RD STE C</b><br><b>JACKSONVILLE FL 32257</b>         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

|                                                |                                                                                                                    |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D / V</b><br><b>Jeffrey T. Mezger</b><br><b>10990 Wilshire Blvd., 7th Fl.</b><br><b>Los Angeles, CA 90024</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVP, Regional Finance</b><br><b>Wayne Horowitz</b>                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>John Molyneux</b>                                                                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>500005503935-3</b>                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V / T</b><br><b>Kelly Allred</b><br><b>10990 Wilshire Blvd., 7th Fl.</b><br><b>Los Angeles, CA 90024</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Assistant S</b><br><b>Cory F. Cohen</b><br><b>10990 Wilshire Blvd., 7th Fl.</b><br><b>Los Angeles, CA 90024</b> | <input type="checkbox"/> Change <input checked="" 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 the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William R. Hollinger**

**5-9-02**

**310-231-4000**

Date

Daytime Phone

KB HOME Jacksonville, Inc.  
2002 Uniform Business Report (UBR)  
State of Florida  
Document #: P97000017193  
FEIN: 59-3428781

Attachment: Additional List of Directors / Officers

| <u>Name</u>          | <u>Title</u>    | <u>Address</u>                                                       |
|----------------------|-----------------|----------------------------------------------------------------------|
| Albert Z. Praw       | D / V           | 10990 Wilshire Blvd., 7 <sup>th</sup> Floor<br>Los Angeles, CA 90024 |
| William R. Hollinger | V / Assistant S | 10990 Wilshire Blvd., 7 <sup>th</sup> Floor<br>Los Angeles, CA 90024 |
| Kimberly N. King     | S               | 10990 Wilshire Blvd., 7 <sup>th</sup> Floor<br>Los Angeles, CA 90024 |
| Randolph S. Chew     | Assistant S     | 10990 Wilshire Blvd., 7 <sup>th</sup> Floor<br>Los Angeles, CA 90024 |
| Barton P. Pachino    | Assistant S     | 10990 Wilshire Blvd., 7 <sup>th</sup> Floor<br>Los Angeles, CA 90024 |
| Victor Toledo        | Assistant S     | 4800 Fredericksburg Rd.<br>San Antonio, Texas 78229                  |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAY 10 PM 12:59

APPROVED  
AND  
FILED



May 9, 2002

CSC  
1201 Hays Street  
Tallahassee, Florida 32301  
Attn: Ginger Simmons

Order Number: 571117-15

***Via Federal Express***

Re: KB HOME Jacksonville, Inc.

Ginger:

Enclosed is the Uniform Business Report (UBR) that is to be walked over to the appropriate Florida office for immediate processing to obtain the Certificate of Good Standing.

When this report was originally sent to Florida on 4/24/02, we did not yet have a new Registered Agent and left the relevant section of the UBR blank. However, I'm enclosing a copy of the submitted Statement of Change of Registered Office or Registered Agent (dated 5/1/02) in the event you feel it should accompany the UBR.

Thank you very much for your help in this matter. Please call me at 310-231-4113 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Lee Ann Jacobellis".

Lee Ann Jacobellis  
Executive Assistant  
KB HOME



ACCOUNT NO. : 072100000032

REFERENCE : 571117 4331382

AUTHORIZATION :

*Patricia Pigott*

COST LIMIT : \$ 158.75

ORDER DATE : May 8, 2002

ORDER TIME : 11:36 AM

ORDER NO. : 571117-025

CUSTOMER NO: 4331382

CUSTOMER: Ms. Dawn Leahy  
Kb Home  
10990 Wilshire Blvd  
7th Floor  
Los Angeles, CA 90024

ANNUAL REPORT FILING

NAME: KB HOME JACKSONVILLE INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ginger Simmons Ext. 1139

EXAMINER'S INITIALS: \_\_\_\_\_