## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other

SIGNATURE:

## DOCUMENT # P98000012760 May 22, 2000 8:00 am Secretary of State 1. Entity Name COLONIAL HOMES INC. 05-22-2000 90046 041 \*\*\*150.00 Principal Place of Business Mailing Address 2000 INTERSTATE PARK DRIVE 2000 INTERSTATE PARK DRIVE SUITE 400 SUITE 400 MONTGOMERY AL 36142-0001 MONTGOMERY AL 36142-0001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-1195480 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITI F LOWDER, JAMES K NAME NAME STREET ADDRESS 2000 INTERSTATE PARK DRIVE, SUITE 400 STREET ADORESS CITY-ST-ZIP MONTGOMERY AL 36142-0001 CITY-ST-7/P ☐ Addition ☐ Change ☐ Delete TITLE TITLE LOWDER, THOMAS H NAME 2000 INTERSTATE PARK DRIVE, SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE MONTGOMERY AL 36142-0001 CITY-ST-ZIP Change **Addition** ☐ Delete TITLE TITLE Tucker Bryan K. 2000 Interstate Park Dr. NAME NAME STREET ADDRESS STREET ADDRESS Montgomery, AL 36109 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

E OF SIGNING OFFICER OR DIRECTOR

5/01/00

<sup>(</sup>334)270-6638

FILED