

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90029 049 ***150.00

DOCUMENT # P98000032284

1. Entity Name

FLEETWOOD RETAIL CORP. OF FLORIDA

Principal Place of Business

3125 MYERS STREET
 RIVERSIDE CA 92513-7638

Mailing Address

POST OFFICE BOX 7638
 RIVERSIDE CA 92513-7638

LUU140J4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2150 W. 18th, Suite 300

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Houston, TX 77008

City & State

4. FEI Number

58-2389936

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	KUMMER, GLENN F	
STREET ADDRESS	P.O. BOX 7638	
CITY-ST-ZIP	RIVERSIDE CA 92513-7638	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POTTER, NELSON W	
STREET ADDRESS	P.O. BOX 7638	
CITY-ST-ZIP	RIVERSIDE CA 92513-7638	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BINGHAM, PAUL M	
STREET ADDRESS	P.O. BOX 7638	
CITY-ST-ZIP	RIVERSIDE CA 92513-7638	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LEAR, WILLIAM H	
STREET ADDRESS	P.O. BOX 7638	
CITY-ST-ZIP	RIVERSIDE CA 92513-7638	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, MALLORY S	
STREET ADDRESS	P.O. BOX 7638	
CITY-ST-ZIP	RIVERSIDE CA 92513-7638	
TITLE	V	<input type="checkbox"/> Delete
NAME	POLLIS, JOHN G	
STREET ADDRESS	P.O. BOX 7638	
CITY-ST-ZIP	RIVERSIDE CA 92513-7638	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson W. Potter	
STREET ADDRESS	P. O. Box 7638	
CITY-ST-ZIP	Riverside, CA 92513-7638	
TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John G. Pollis	
STREET ADDRESS	2150 W. 18th Street, Suite 300	
CITY-ST-ZIP	Houston, TX 77008	
TITLE	Senior VP-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boyd R. Plowman	
STREET ADDRESS	2150 W. 18th St., Ste. 300	
CITY-ST-ZIP	Houston, TX 77008	
TITLE	Senior VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Douglas	
STREET ADDRESS	P. O. Box 7638	
CITY-ST-ZIP	Riverside, CA 92513-7638	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn F. Kummer	
STREET ADDRESS	P. O. Box 7638	
CITY-ST-ZIP	Riverside, CA 92513-7638	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul M. Bingham	
STREET ADDRESS	P. O. Box 7638	
CITY-ST-ZIP	Riverside, Ca 92513-7638	

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-00 (713) 331-1305