

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066222

1. Entity Name

HOME BUILDERS INSURANCE SERVICES, INC.

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

02-01-2000 90069 049 ***150.00

Principal Place of Business
2727 ATLANTIC BLVD.
JACKSONVILLE FL 32247

Mailing Address
2727 ATLANTIC BLVD.
JACKSONVILLE FL 32207-3701

00010004



DO NOT WRITE IN THIS SPACE

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 59-3427506		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STEFFEY, FRED H
6620 SOUTHPOINT DR., SOUTH, #300
JACKSONVILLE FL 32216-0913

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	D	<input type="checkbox"/> Delete
NAME	PETWAY, THOMAS F III	
STREET ADDRESS	2727 ATLANTIC BLVD. P.O. BOX 10197	
CITY-ST-ZIP	JACKSONVILLE FL 32247	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, LEE	
STREET ADDRESS	2727 ATLANTIC BLVD. P.O. BOX 10197	
CITY-ST-ZIP	JACKSONVILLE FL 32247	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETWAY, ELIZABETH	
STREET ADDRESS	2727 ATLANTIC BLVD. P.O. BOX 10197	
CITY-ST-ZIP	JACKSONVILLE FL 32247	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALON, NANCY	
STREET ADDRESS	2727 ATLANTIC BLVD. P.O. BOX 10197	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRANOVA, ROBERT	
STREET ADDRESS	2727 ATLANTIC BLVD. P.O. BOX 10197	
CITY-ST-ZIP	JACKSONVILLE FL 32247	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMANS, CHRISTOPHER F	
STREET ADDRESS	2727 ATLANTIC BLVD. P.O. BOX 10197	
CITY-ST-ZIP	JACKSONVILLE FL 32247	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

1/26/00 904-398-390
Date Daytime Phone #