

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90014 025 ***150.00

DOCUMENT # P96000066222

1. Entity Name

HOME BUILDERS INSURANCE SERVICES, INC.

Principal Place of Business

**2727 ATLANTIC BLVD.
 JACKSONVILLE FL 32247**

Mailing Address

**2727 ATLANTIC BLVD.
 JACKSONVILLE FL 32247**

2. Principal Place of Business

5011 Gate Parkway

Suite, Apt. #, etc.
Suite 150

City & State
Jacksonville, Florida

Zip
32256

Country
USA

3. Mailing Address

5011 Gate Parkway

Suite, Apt. #, etc.
Suite 150

City & State
Jacksonville, Florida

Zip
32256

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3427506**

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

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

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 **D** ☐ Delete
 NAME **PETWAY, THOMAS F III**
 STREET ADDRESS **2727 ATLANTIC BLVD. P.O. BOX 10197**
 CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE **D** ☐ Delete
 NAME **FERGUSON, LEE**
 STREET ADDRESS **2727 ATLANTIC BLVD. P.O. BOX 10197**
 CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE **D** ☐ Delete
 NAME **PETWAY, ELIZABETH**
 STREET ADDRESS **2727 ATLANTIC BLVD. P.O. BOX 10197**
 CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE **D** ☐ Delete
 NAME **FALOON, NANCY**
 STREET ADDRESS **2727 ATLANTIC BLVD. P.O. BOX 10197**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete
 NAME **CASTRANOVA, ROBERT**
 STREET ADDRESS **2727 ATLANTIC BLVD. P.O. BOX 10197**
 CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE **D** ☐ Delete
 NAME **EMANS, CHRISTOPHER F**
 STREET ADDRESS **2727 ATLANTIC BLVD. P.O. BOX 10197**
 CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE **D** ☒ Change ☐ Addition
 NAME **Petway, Thomas F III**
 STREET ADDRESS **5011 Gate Parkway, Suite 150**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☒ Change ☐ Addition
 NAME **Ferguson, Lee**
 STREET ADDRESS **5011 Gate Parkway, Suite 150**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☒ Change ☐ Addition
 NAME **Petway, Elizabeth**
 STREET ADDRESS **5011 Gate Parkway, Suite 150**
 CITY-ST-ZIP **Jacksonville, Florida 32256**

TITLE **D** ☒ Change ☐ Addition
 NAME **Faloon, Nancy**
 STREET ADDRESS **5011 Gate Parkway, Suite 150**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☒ Change ☐ Addition
 NAME **Castranova, Robert**
 STREET ADDRESS **5011 Gate Parkway, Suite 150**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☒ Change ☐ Addition
 NAME **Emans, Christopher F.**
 STREET ADDRESS **5011 Gate Parkway, Suite 150**
 CITY-ST-ZIP **Jacksonville, FL 32256**

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

1/4/01 904 398-3907