

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90002 017 \*\*\*150.00

**DOCUMENT # 152093**

1. Entity Name

**DIXIE BUILDING SUPPLIES, INC.**

Principal Place of Business

**1500 N. DALE MABRY HIGHWAY  
TAMPA FL 33607**

Mailing Address

**1500 N. DALE MABRY HIGHWAY  
TAX DEPT. 7-EAST  
TAMPA FL 33607**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0567207**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM REGISTERED OFFICE  
1200 SO. 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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DURHAM, G. ROBERT</b> <b>1500 N DALE MABRY</b> <b>TAMPA FL 33607</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PORTER, EDWARD A</b> <b>1500 N DALE MABRY</b> <b>TAMPA FL 33607</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MICHAEL, ROBERT W.</b> <b>1500 N DALE MABRY</b> <b>TAMPA FL 33607</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>EISCH, CYNTHIA B</b> <b>1500 N. DALE MABRY HIGHWAY</b> <b>TAMPA FL 33607</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HUGE, ARTHUR W</b> <b>1500 N DALE MABRY HWY</b> <b>TAMPA FL 33607</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HULT, FRANK A</b> <b>1500 N. DALE MABRY HIGHWAY</b> <b>TAMPA FL 33607</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**DIXIE BUILDING SUPPLIES, INC.**

**SIGNATURE: By Cynthia B. Eisch Asst. Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/2001 (813)871-4273**

Date

Daytime Phone #

CR2E034 (10/00)

0342610

Company Name: Dixie Building Supplies, Inc.

Attachment  
#152093  
937134

Employer ID No: 59-0567207

Subsidiary Information: Subsidiary of Walter Industries, Inc.

Notes:

Address and 1500 North Dale Mabry Highway  
Telephone Tampa, Florida 33607  
Number: (813) 871-4718

Mailing P.O. Box 31601  
Address: Tampa, Florida 33631-33601

Directors:

Date of  
Incorporation: August 26, 1947

State of  
Incorporation: Florida

Registered C T Corporation System  
Agent: Registered Office  
1200 South Pine Island Road  
Plantation, FL 33324

Officers:

Title:  
Vice President  
Secretary  
Assistant Secretary  
Assistant Treasurer

Frank A. Hult  
Edward A. Porter  
Mary C. Snow  
Cynthia B. Eisch