

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90060 049 \*\*\*150.00

**DOCUMENT # 242164**

1. Entity Name  
**AMERICAN HOMES, INC., OF TALLAHASSEE**

Principal Place of Business <b>1608 MITCHELL AVENUE TALLAHASSEE FL 32303</b>	Mailing Address <b>1608 MITCHELL AVENUE TALLAHASSEE FL 32303</b>
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**C0023102**



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

4. FEI Number **59-0946266** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent -  
**WEIL, EDDIE P.**  
**1608 MITCHELL AVENUE**  
**TALLAHASSEE FL 32303**

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 *EP Weil*  
 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.

**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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>WEIL, EDDIE P.</b>
STREET ADDRESS	<b>1608 MITCHELL AVENUE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>WEIL, LARRY P.</b>
STREET ADDRESS	<del>6308 GAMBRIA AVE.</del> <b>1612 DIAMOND OAKS COURT</b>
CITY-ST-ZIP	<b>LAS VEGAS NV</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>WEIL, LUANNE</b>
STREET ADDRESS	<del>1608 MITCHELL AVENUE</del> <b>#4 OXEN COURT</b>
CITY-ST-ZIP	<del>TALLAHASSEE FL</del> <b>STAFFORD, VA.</b>
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *EP Weil* **E.P. WEIL** Feb 20 - 2001 850 222-8449  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)