

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90005 030 ***150.00

DOCUMENT # 328366

1. Entity Name

W.B. HOMES, INC.

Principal Place of Business

Mailing Address

**700 NW 107TH AVENUE
 MIAMI FL 33172**

**700 NW 107TH AVENUE
 MIAMI FL 33172-3161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1212785

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCCAIN, DAVID B., ESQ.
 700 NW 107TH AVENUE
 MIAMI FL 33172**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	MILLER, LEONARD	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCCAIN, DAVID B	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEKOR, ALLAN J.	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, STUART A.	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	T	<input type="checkbox"/> Delete
NAME	MALCOM, WAYNEWRIGHT	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SIERRA, KATHLEEN E	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	

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
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STREET ADDRESS	
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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:

(Handwritten Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. MCCAIN

Date

Daytime Phone #

CR2E034 (9/99)