

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

03-27-2001 90002 018 \*\*\*150.00

**DOCUMENT # 351060**

1. Entity Name

**JIM WALTER HOMES, INC.**

Principal Place of Business

**1500 N. DALE MABRY  
P O BOX 31601  
TAMPA FLA 33631-0601**

Mailing Address

**1500 N. DALE MABRY  
TAX DEP 7 EAST  
TAMPA FL 33631-0601**

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

**59-1274589**

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

**CT CORPORATION SYSTEM  
1200 SO. PINE ISLAND ROAD  
PLANTATION FL 33324**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL, ROBERT W	
STREET ADDRESS	1500 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	HULT, FRANK A	
STREET ADDRESS	1500 NO. DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LOPEZ, SHIRLEY	
STREET ADDRESS	1500 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KELLY, JOSEPH JR	
STREET ADDRESS	1500 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BULLARA, SAM P JR	
STREET ADDRESS	1500 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTS, MIKE	
STREET ADDRESS	1500 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL	

TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA B. EISCH	
STREET ADDRESS	1500 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VPASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, EDWARD A.	
STREET ADDRESS	1500 N.DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive VP/D	<input checked="" 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: By/** JIM WALTER HOMES, INC. **Asst. Treasurer**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0519262

CR2E034 (10/00)

Company Name: Jim Walter Homes, Inc.

Attachment  
# 351000

Employer ID No: 59-1274589

937133

Subsidiary Information: Subsidiary of Homes Holdings Corporation

Notes:

Address and 1500 North Dale Mabry Highway  
Telephone Tampa, Florida 33607  
Number: (813) 871-4811

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

Directors:

Frank A. Hult  
Michael M. Roberts

Date of  
Incorporation: August 21, 1969

State of  
Incorporation: Florida

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

Officers:

Michael M. Roberts  
Joe D. Manis  
Joseph P. Richardson, Jr.  
Ronald K. Achille  
Joseph H. Kelly Jr.

Ken Bufford  
Lane Hudson  
Jack L. Krueger  
Dorothy M. Leeds  
Frank A. Hult  
John K. Culbreth

Title:  
Executive Vice President and Chief Operating Officer  
Senior Vice President – Crestline Division  
Senior Vice President – Central Division  
Senior Vice President  
Senior Vice President of Financial, Treasurer  
and Chief Financial Officer  
Vice President – Western Division Construction  
Vice President – Credit  
Vice President – Western Division  
Vice President – Customer Service  
Vice President and Assistant Secretary  
Controller