2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 356090

1. Entity Name

FLEETWOOD HOMES OF FLORIDA, INC. Principal Place of Business Mailing Address C/O FLEETWOOD ENTERPRISES INC C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST. PO BOX 7638 3125 MYERS ST. PO BOX 7638 **RIVERSIDE CA 92513-7638 RIVERSIDE CA 92513-7638** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90307 047 ***150.00



DO NOT WRITE IN THIS SPACE

| City & State | | City & State | | | | | | | Analiad For |
|---|---|---|--|---------------------------------|--|---|---------------------------------|-------------------------------|-------------------------------|
| | | | | 4. FEI Number 59-1295435 | | | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. 0 | Certificate of | Status Desired | | 8.75 A | dditional |
| | | | - , | | la and A | ddwara of Nam Da | | ee Requir | lea |
| <u> </u> | 6. Name and Address of Current Re | gistered Agent | Name | | lame and A | ddress of New Re | gisterea A | gent | |
| | | Tallo | | | | | | | |
| CT CORPORATION SYSTEM | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | S. PINE ISLAND ROAD | <u> </u> | | | | | | | |
| PLAN | NTATION FL 33324 | | | | | | | | |
| | • | | City | _ . | | | FL | Zip Co | ide |
| 8 The above | named entity submits this statement for th | ne purpose of changing its re | eaistered office or re | egistered age | ent, or both, | in the State of Flor | ida. | | |
| 0. 1110 abovo | I state of the control of the control of the | to perpose or entanging here | | -9 | ,, | | | | |
| SIGNATURE . | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent and | title if applicable. (NOTE. | Registered Agent signature | required when rei | instating) | | DATE | <u> </u> | |
| 9 This corpo | pration is eligible to satisfy its Intangible | FILE NOW! | ! FEE IS \$150.00 | | | | | | |
| , | | | 0 Fee will be \$55 | I IU. Election Campaign Finan | | | | cing \$5.00 May Be | |
| (See criter | ria on back) | Make Check Payable | e to Department | of State | liust | | . – | Auu | ad to rees |
| 11. | OFFICERS AND DI | RECTORS | 12. | AD | DITIONS/CH | HANGES TO OFFI | CERS AND | DIRECTO | RS IN 11 |
| TITLE | VTAS | ☐ Delete | TITLE | | | | | Change | Addition |
| NAME | LARKIN, LYLE N. | | NAME | | | | | | |
| STREET ADDRESS | 3125 MYERS ST. BOX 7638 | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | RIVERSIDE CA 92513-7638 | · | CITY-ST-ZIP | | | | | | |
| TITLE | CCEO | Defete | TITLE | | | | | ☐ Change | Addition |
| NAME | KUMMER, GLENN F | | NAME | | | | | | |
| STREET ADDRESS | 3125 MYERS ST. BOX 7638 | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | RIVERSIDE CA 92513-7638 | | CITY-ST-ZIP | | | <u> </u> | | | |
| TITLE | VSD | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME | LEAR, WILLIAM H | | NAME STREET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 3125 MYERS ST. BOX 7638 | | CITY-ST-ZIP | | | | | | |
| | RIVERSIDE CA 92513-7638 VAD | Delete | TITLE | | | | | ☐ Change | Addition |
| TITLE NAME | BINGHAM, P M | L_1 Delete | NAME | | | | | | □ Madition |
| STREET ADDRESS | 3125 MYERS ST. BOX 7638 | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | RIVERSIDE CA 92513-7638 | | CITY-ST-ZIP | | | | | | |
| TITLE | CV | X Delete | THE ! | PCOOD | | | | ☐ Change | Addition |
| NAME | BINGHAM, PAUL M | | NAME S | POTTER, | NELSO | א ואי | _ | | |
| STREET ADDRESS | 3125 MYERS ST. BOX 7638 | | STREET ADDRESS | 3125 M | yees 5 | T. BAX 763 | 8 | | |
| CITY-ST-ZIP | RIVERSIDE CA 92513-7638 | | | | | 92513-7 | | | |
| TITLE | V | ☐ Delete | TITLE | | , – | | | ☐ Change | Addition |
| NAME | LOTT, C E | | NAME | | | | | | |
| STREET ADDRESS | 3125 MYERS ST | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | RIVERSIDE CA 92513-7638 | | CITY-ST-ZIP | | | | | | |
| I hereby of indicated | certify that the information supplied with the on this report or supplemental report is true. | is filing does not qualify for t ue and accurate and that my | the exemption state y signature shall hav | d in Section 1 ve the same l | 119.07(3)(i), egal effect a | Florida Statutes. I is if made under o | further certi ath; that I ar | ify that the m an offic | information er 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.

AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C0094707 # 356090

FLEETWOOD HOMES OF FLORIDA, INC. OFFICERS AND DIRECTORS OF MANUFACTURED HOME SUBSIDIARIES OF FLEETWOOD ENTERPRISES, INC. (EASTERN REGION)

Glenn F. Kummer

Chairman of the Board and Chief Executive Officer and Director

Nelson W. Potter

President, Chief Operating Officer

and Director

Paul M. Bingham

Senior Vice President - Finance, Asst. Secretary and Director

Mallory S. Smith

Senior Vice President - Housing Group

Richard E. Parks

Senior Vice President - RV Group

William H. Lear

Senior Vice President - General Counsel,

Secretary and Director

Charley Lott

Vice President - Eastern Region

Lyle N. Larkin

Vice President - Treasurer and Assistant Secretary

ALL CORRESPONDENCE TO ANY OF THE ABOVE SHOULD BE ADDRESSED AS FOLLOWS:

P.O. BOX 7638 RIVERSIDE, CA 92513-7638