

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90095 001 ***150.00

DOCUMENT # 418802

1. Entity Name
HOMES OF MERIT, INC.

Principal Place of Business PO BOX 1606 BUILDING 121 BARTOW AFB BARTOW FL 33830 US	Mailing Address PO BOX 1606 BUILDING 103 BARTOW AIR BASE BARTOW FL 33831-1606 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc. Building 121 Bartow Air Base
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City & State	City & State	4. FEI Number 59-1438488	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMANN, DAVID W
HOMES OF MERIT INC
BUILDING #121 BARTOW AIRBASE
BARTOW FL 33830

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P WEEDER, CHARLES E 3318 EAGLES TRACE WINTER HAVEN, FL 0	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLANCY, KEVIN F. 6908 WILDBERRY LANE LAKELAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT AMANN, DAVID W 1258 SCOTTSLAND DRIVE LAKELAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEEDER, MARK E. 7121 SWELL ROAD BARTOW FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOWNS, GARY RT.13-BOX 272 LAKE CITY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SURLES, PHIL 2701 UNIVERSITY DR. SUITE 300 AUBURN HILLS MI 48327-2577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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.

SIGNATURE: *David W. Amann* **David W. Amann** **4/24/00** **803 533 0593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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654542

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(C) Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Walter R. Young, Jr. 2701 University Dr. Suite 300 Auburn Hills, MI. 48327-2577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Director (S) Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John J. Collins, Jr. 2701 University Dr. Suite 300 Auburn Hills, MI. 48327-2577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(AT) Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jimmy Paul 2701 University Dr. Suite 300 Auburn Hills, MI. 48327-2577
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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