

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 434193

1. Entity Name

IMPERIAL HOMES CORPORATION

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90024 047 \*\*\*150.00

Principal Place of Business

10707 CLAY RD  
HOUSTON TX 77041  
US

Mailing Address

PO BOX 2863  
HOUSTON TX 77252-2863  
US

00032904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1556108

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

C T CORPORATION SYSTEM  
1200 SOUTH 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, 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	DP	<input type="checkbox"/> Delete
NAME	RICHARD G. SLAUGHTER	
STREET ADDRESS	10707 CLAY RD	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	STEVEN E. LANE	
STREET ADDRESS	10707 CLAY RD	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	THOMAS A. NAPOLI	
STREET ADDRESS	10707 CLAY RD	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	CHESTER P. SADOWSKI	
STREET ADDRESS	10707 CLAY RD	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	VTAS	<input type="checkbox"/> Delete
NAME	GARY L. FRUEH	
STREET ADDRESS	10707 CLAY RD	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE		<input type="checkbox"/> Delete
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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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:

*Steven E. Lane*

Steven E. Lane

4/14/00 713/877-2425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #