

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

METROPOLITAN HOME, INC.

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

04-19-2000 90001 050 ****61.25

Principal Place of Business

Mailing Address

919 East Adams Street
Jacksonville, FL. 32202

Same

2. Principal Place of Business

3. Mailing Address

919 E. Adams St.
Suite, Apt. #, etc.
Jacksonville, FL. 32202

Same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1558487

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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

H. EUGENE HODGES
1528 Grandview Drive
Jacksonville, FL. 32211

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
H. EUGENE HODGES, Pres. Dir.
1528 Grandview Dr.
Jacksonville, FL. 32211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CAROLYN WOOD, Sec. Dir.
711 Escambia Street
Jacksonville, FL. 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, Treas. Dr.
LaRue S. Arnold
919 East Adams Street
Jacksonville, FL. 32202 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LaRue S. Arnold, VP, Treas.

4/19/00 904-355-4671

CR2E037 (9/99)

