

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0086849

DOCUMENT # F00000000485

04-10-2001 90088 044 *****61.25

1. Entity Name

HOME BUILDERS INSTITUTE INCORPORATED

Principal Place of Business

Mailing Address

1090 VERMONT AVENUE, NW, SUITE 600
 WASHINGTON DC 20005

1090 VERMONT AVENUE, NW, SUITE 600
 WASHINGTON DC 20005

AUU45507



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

52-1266885

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

THOMPSON, PAUL M CAE
201 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 Delete
C
MOFFITT, JOHN
 STREET ADDRESS **5300 COLLEGE BLVD.**
 CITY-ST-ZIP **OVERLAND PARK KS 66211**

TITLE NAME Change Addition
CHAIRMAN
PAUL MASHBURN, JR.
 STREET ADDRESS **1262 BURNING TREE LANE**
 CITY-ST-ZIP **WINTER PARK, FL. 32792**

TITLE NAME Delete
VC
BROWDY, RICHARD
 STREET ADDRESS **6944 ST. AUGUSTINE BLVD.**
 CITY-ST-ZIP **JACKSONVILLE.FL 32217**

TITLE NAME Change Addition
VICE CHAIRMAN
JUD MOTSENBOCKER
 STREET ADDRESS **5101 W. BRADBURN DRIVE**
 CITY-ST-ZIP **MUNCIE, IN. 47304**

TITLE NAME Delete
P
POLIVCHAK, PHILIP
 STREET ADDRESS **1090 VERMONT AVENUE, NW, SUITE 600**
 CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE NAME Change Addition
PRESIDENT
FREDERICK N. HUMPHREYS
 STREET ADDRESS **1090 VERMONT AVE. N.W. SUITE 600**
 CITY-ST-ZIP **WASHINGTON, D.C. 20005**

TITLE NAME Delete
V
NICOLAOU, MARIA C
 STREET ADDRESS **1090 VERMONT AVENUE, NW, SUITE 600**
 CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE NAME Change Addition

TITLE NAME Delete
S
KAMIKAWA, ALDEN
 STREET ADDRESS **1090 VERMONT AVENUE, NW, SUITE 600**
 CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

202-371-0600
 Daytime Phone #

CR2E037 (10/00)