

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90006 039 \*\*\*\*70.00

**DOCUMENT # F00000000485**

1. Entity Name  
**HOME BUILDERS INSTITUTE INCORPORATED**

Principal Place of Business      Mailing Address  
 1090 VERMONT AVENUE, NW, SUITE 600      1090 VERMONT AVENUE, NW, SUITE 600  
 WASHINGTON DC 20005      WASHINGTON DC 20005

2. Principal Place of Business      3. Mailing Address  
 1201 15TH STREET N.W.      1201 15TH STREET N.W.

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 SIXTH FLOOR      SIXTH FLOOR

City & State      City & State  
 WASHINGTON D.C.      WASHINGTON D.C.

Zip      Country      Zip      Country  
 20005      USA      20005      USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-1266885**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**THOMPSON, PAUL M CAE**  
**201 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

After September 13, 2002, min. will be \$236.25.

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	<b>C</b> <b>MASHBURN, PAUL</b> <b>1262 BURNING TREE LANE</b> <b>WINTER PARK FL 32792</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>MULLEN, THOMAS</b> <b>6251 BEHNER WAY</b> <b>INDIANAPOLIS, IN 46250</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>MOTSENBOCKER, JUD</b> <b>5101 W BRADBURN DRIVE</b> <b>MUNCIE IN 47304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HUMPHREYS, FREDERICK N</b> <b>1090 VERMONT AVENUE NW SUITE 600</b> <b>WASHINGTON DC 20005</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1201 15TH STREET SIXTH FLOOR N.W.</b> <b>WASHINGTON, D.C. 20005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NICOLAOU, MARIA C</b> <b>1090 VERMONT AVENUE, NW, SUITE 600</b> <b>WASHINGTON DC 20005</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1201 15TH STREET SIXTH FLOOR N.W.</b> <b>WASHINGTON, D.C. 20005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KAMIKAWA, ALDEN</b> <b>1090 VERMONT AVENUE, NW, SUITE 600</b> <b>WASHINGTON DC 20005</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S</b> <b>BRAY, LAURA</b> <b>1201 15TH STREET SIXTH FLOOR N.W.</b> <b>WASHINGTON, D.C. 20005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marta Nicolaou* **REQUIRED** **MARTA NICOLAOU** 7/25/02

CFR2E037 (4/02)