

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F62626

1. Entity Name  
SHOWPLACE HOMES, INC.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90001 015 \*\*\*550.00

Principal Place of Business  
4237 SALISBURY RD  
SUITE 407  
JACKSONVILLE FL 32216  
US

Mailing Address  
P O BOX 431  
P. O. BOX 431  
PONTE VEDRA BEACH FL 32004  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2147714</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>AHERN, FRED L., JR.</b> <b>2215 S. 3RD ST., SUITE 101</b> <b>JACKSONVILLE BEACH FL 32250</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONE, LOUISE			NAME			
STREET ADDRESS	6536 BURNHAM CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BCH. FL 32082			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHARM, MARION			NAME			
STREET ADDRESS	2750 FLYNN CT			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANFORD, DEBRA			NAME			
STREET ADDRESS	5903 YORKTOWN CR			STREET ADDRESS			
CITY-ST-ZIP	ORANGE CA			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Louise H. Stone **Louise H. Stone** 7-18-00 (904) 285-5941  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

FL 2626 130703633 Attachment

**SHOWPLACE HOMES, INC.**  
**P.O. BOX 431**  
**PONTE VEDRA BEACH FLORIDA**  
**32004-0431**

July 22, 000

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302 - 1500

Re: Corporate Filing

Dear Sirs:

Again this year we did not receive our notice of corporate filing. The same thing happened last year. However last year we discovered our mistake and called for a duplicate form. This year I was away on vacation for the month of April and the first part of May and did not catch this until your second notice arrived.

I am sure that each year you have numerous companies who claim some sort of defense for not filing on time. I am NOT asking for special consideration in payment of the huge difference in the cost of late filings as I am aware it my responsibility to remit this payment on or before May 1, of each year. I do at the same time request that you look into your mailing list to determine WHY I am not receiving the first mailing of your form.

Enclosed is my check to cover the total due (\$550.00). Please expedite proper credit to my corporate status account.

Sincerely your,



Louise H. Stone  
President

Enclosures: 2