

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90168 048 \*\*\*150.00

**DOCUMENT # F95000004122**

1. Entity Name

**PALM HARBOR FINANCE CORPORATION**

Principal Place of Business

Mailing Address

15303 DALLAS PARKWAY  
 #800  
 ADDISON TX 75001  
 US

15303 DALLAS PARKWAY  
 #800  
 ADDISON TX 75001  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2585324**

Applied For

Not Applicable

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

**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, 2001 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	V	<input type="checkbox"/> Delete
NAME	POSEY, LEE	
STREET ADDRESS	15303 DALLAS PKWY #800	
CITY-ST-ZIP	ADDISON TX 75001	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOBLE, CASPER	
STREET ADDRESS	15303 DALLAS PKWY #800	
CITY-ST-ZIP	ADDISON TX 75001	
TITLE	V	<input type="checkbox"/> Delete
NAME	TACKE, KELLY	
STREET ADDRESS	15303 DALLAS PARKWAY, #800	
CITY-ST-ZIP	ADDISON TX 75001	
TITLE	P	<input type="checkbox"/> Delete
NAME	RYAN, GAVIN	
STREET ADDRESS	15303 DALLAS PARKWAY, #808	
CITY-ST-ZIP	ADDISON TX 75001	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POSEY, LEE	
STREET ADDRESS	15303 DALLAS PKWY STE 800	
CITY-ST-ZIP	ADDISON TX 75001	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kelly Tacke*

4/25/01

Date

978.991.8488

Daytime Phone #

CR2E034 (10/00)