

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 OCT -6 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000005669

1. Entity Name

VILLAGE HOMES CONSTRUCTION GROUP, INC.

Principal Place of Business

8524 ELY
OVERLAND PARK KS 66212

Mailing Address

8524 ELY
OVERLAND PARK KS 66212

2. Principal Place of Business

1300 South US 1

3. Mailing Address

1300 South US 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bunnell, FLORIDA

City & State

Bunnell, Florida

Zip

32110

Country

USA

Zip

32110

Country

USA

REINSTATEMENT

4. FEI Number

48-1220868

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAYER, DENNIS K
308 S. OCEANSHORE BLVD.
FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name
Capital Connection, Inc.
Street Address (P.O. Box Number is Not Acceptable)
417 E. Virginia St.
City
Tallahassee FL Zip Code
32301

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 *Weimar Lopez for Capital Connection* DATE *10/6/00*

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE CP
NAME RICHMOND, ROBERT ☐ Delete
STREET ADDRESS 30 WESTMORELAND DRIVE
CITY-ST-ZIP PALM COAST FL 32164

TITLE VCV
NAME MCCROY, JAMES HENRY ☐ Delete
STREET ADDRESS 8524 ELY
CITY-ST-ZIP OVERLAND PARK KS 66212

TITLE DS
NAME MCCROY, WILLIAM F. ☐ Delete
STREET ADDRESS 8524 ELY
CITY-ST-ZIP OVERLAND PARK KS 66212

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JEFFREY T. Montgomery ☒ Change ☐ Addition
NAME
STREET ADDRESS 2713 W. 116th Street
CITY-ST-ZIP Leawood, KS 66211

TITLE VCV
NAME Robert Richmond ☒ Change ☐ Addition
STREET ADDRESS 30 Westmoreland Drive
CITY-ST-ZIP Palm Coast FL 32164

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

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

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

TITLE ☐ Change ☐ 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

10/5/00

Date

904-437-1616

Daytime Phone #

CR2E034 (5/00)