

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # G54776

1. Entity Name

M. GOODE HOMES, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

02-25-2000 90024 032 ***150.00

Principal Place of Business P.O. BOX 9222 WINTER HAVEN FL 33883-9222	Mailing Address P.O. BOX 9222 WINTER HAVEN FL 33883-9222
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2309243	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOODE, MATTHEW J. P.O. BOX 9222 WINTER HAVEN FL 33883	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GOODE, MATTHEW J. 238-FRENCHMANS-CREEK-WAY-1380 S.LK Roy Dr. WINTER HAVEN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1380 S.LK Roy Dr.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GOODE, CHRIS A. 238-FRENCHMANS-CREEK-WAY-1380 S.LK Roy Dr. WINTER HAVEN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1380 S.LK Roy Dr.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSONS, WILMA 2115 EDGEWATER CIRCLE WINTER HAVEN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: Chris A. Goode v.p. 2-1-00 863-299-9011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #