


**AMENDED**  
**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

07-14-2004 90001 012 \*\*\*\*61.25  
 J65668

**DOCUMENT # J65668**  
 1. Entity Name  
 Homes By Whittaker, Inc.



**FILED**  
 04 JUL 20 AM 11:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 6913 S.W. Highway 200  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 771149  
 Suite, Apt. #, etc.

**44048263**

DO NOT WRITE IN THIS SPACE

City & State: Ocala, FL      City & State: Ocala, FL  
 Zip: 34476      Country: USA      Zip: 34477      Country: USA

4. FEI Number: 59-2849099      Applied For:  Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: John A. Whittaker, Jr.  
 Street Address (P.O. Box Number is Not Acceptable): 6913 S.W. Highway 200  
 City: Ocala      FL      Zip Code: 34476

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD Whittaker, John A. Jr. 6913 S.W. Highway 200 Ocala, FL 34476</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>none</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>none</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>none</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>none</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John A. Whittaker, Jr.      Date: 7-12-04      Daytime Phone #: 352-873-1343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)