

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90054 027 ***158.75

DOCUMENT # L42946

1. Entity Name

SCHWAB BUILDING CORPORATION

Principal Place of Business

905 NW 36TH AVENUE
GAINESVILLE FL 32609
US

Mailing Address

P O BOX 528
WINONA MN 55987
US

2. Principal Place of Business

6101 N.W. 54th Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

4. FEI Number 59-2982792

Applied For

Not Applicable

Zip
32653

Country
US

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOSTERT, THOMAS

905 NW 36TH AVE
GAINESVILLE FL 32609

Name

Hostert, Thomas

Street Address (P.O. Box Number is Not Acceptable)

6101 N.W. 54th Way

City

Gainesville

FL

Zip Code
32653

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)

3/30/01

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 DP ☐ Delete
NAME HOSTERT, THOMAS
STREET ADDRESS 905 NW 36TH AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE DP ☒ Change ☐ Addition
NAME Hostert, Thomas
STREET ADDRESS 6101 N.W. 54th Way
CITY-ST-ZIP Gainesville, FL 32653

TITLE DS ☐ Delete
NAME SCHWAB, KEITH
STREET ADDRESS 4 KNOLLWOOD LANE
CITY-ST-ZIP WINONA MN

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

TITLE V ☐ Delete
NAME DICKENSON, WILFRED
STREET ADDRESS 817 SPRING BROOK DRIVE
CITY-ST-ZIP WINONA MN

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

TITLE ☐ Delete
NAME KIRKVOLD, ROGER
STREET ADDRESS 2390 GARVIN HEIGHTS RD
CITY-ST-ZIP WINONA MN 55987

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

3/30/01

Date

(507)454-5000

Daytime Phone #

CR2E034 (10/00)