

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008637 AF

DOCUMENT # L98000000051

1. Entity Name
AMERICAN HOMES & PRODUCTS LLC

00 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
150 KENT ROAD
ST. AUGUSTINE FL 32086

Mailing Address
150 KENT ROAD
ST. AUGUSTINE FL 32086-6350



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3494298

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 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

DOANE, CARL K
150 KENT RD., #2-A
ST. AUGUSTINE FL 32086

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM JONES, BURL W ☐ Delete
STREET ADDRESS 110 BRIARWOOD CIRCLE
CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003256704--8
CITY-ST-ZIP -05/18/00--01016--010
*****50.00 *****50.00

TITLE NAME MGRM MARSH, CHARLES F ☐ Delete
STREET ADDRESS 2855 FORBES STREET
CITY-ST-ZIP JACKSONVILLE FL 32205

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

TITLE NAME MGRM DOANE, CARL K ☐ Delete
STREET ADDRESS 8832 ATTER LANE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/21/2000

Daytime Phone #

4901

CR2E083 (9/99)