

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003853

1. Entity Name

FIRST HOME BUILDERS OF CENTRAL FLORIDA, L.C.

Principal Place of Business

1820 COLONIAL BOULEVARD  
FT MYERS FL 33907

Mailing Address

1820 COLONIAL BOULEVARD  
FT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

2503 DEL PRADO BLVD

Suite, Apt. #, etc.

SUITE 301

CAPE CORAL FL

Zip

33904

Country

LEE

Zip

Country

6. Name and Address of Current Registered Agent

SUBLETT, JAMES

1820 COLONIAL BOULEVARD

FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

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

2503 DEL PRADO BLVD #301

City

CAPE CORAL

FL

Zip Code

33904

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

1-18-01

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
STREET ADDRESS SUBLETT, JAMES  
CITY-ST-ZIP 1820 COLONIAL BOULEVARD  
FORT MYERS FL 33907

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

10. ADDITIONS/CHANGES

TITLE NAME 2503 DEL PRADO BLVD #301  
STREET ADDRESS CAPE CORAL FL 33904  
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

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.

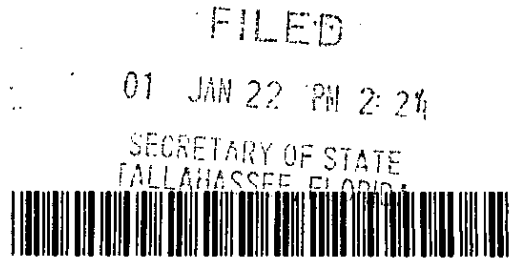
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-18-01 941 4588000



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)