2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 21, 2001 8:00 am
Secretary of State
03-01-2001 91347 013 ****70.00

DOCUMENT # N40961

1. Entity Name

FLORIDA CHAPTER OF AMERICAN SOCIETY OF HOME INSP

Principal Place of Business	Mailing Address
1639 EMERSON STREET JACKSONVILLE FL 32207	1639 EMERSON STREET JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4319 BANYAN TREE CT	4319 BANYAN TREE CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville FL
Zip: 32258 Country: DUVAL	Zip: 32258 Country: DUVAL

4. FEI Number 65-0231779 ☐ Applied For ☐ Not Applicable

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
GLAZIER & GLAZIER, P.A. 8761 PERIMETER PARK BLVD. SUITE 103 JACKSONVILLE FL 32216	Name: Glazier & Glazier, P.A. Street Address (P.O. Box Number is Not Acceptable): 8825 Perimeter Park Blvd. Suite 504 City: Jacksonville, FL Zip Code: 32216

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: Scott L. Glazier VP — 2-26-01

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GIFFORD, CHARLES 1639 EMERSON STREET JACKSONVILLE FL 32207	☑ Delete	PD CLARK, GARY 4319 BANYAN TREE CT. JACKSONVILLE, FL 32258	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WAGNER, ROBERT P.O. BOX 1089 ORANGE PARK FL 32067	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MULLIN, TOM 5 WATER OAK FERNANDINA BEACH FL 32034	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD POWELL, PETE 3414 MAIDEN VOYAGE CIRCLE S. JACKSONVILLE FL 32257	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERVICE, STEVE 5052 SWEET BASIL LANE TALLAHASSEE FL 32311	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, DON P.O. BOX 1851 PONTE VEDRA BEACH FL 32004	☒ Delete	D Michael Deeter P.O. Box 444 Ormond Beach, FL 32175	☐ Change ☒ Addition

CR2E037 (10/00)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED TD — 2/23/01 — 904 277 3255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #