

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000005503**1. Entity Name
FRONT PORCH HOMES, INC.

Principal Place of Business	Mailing Address
100 SOUTH ORANGE AVENUE 7TH FLOOR ORLANDO FL 32801	100 SOUTH ORANGE AVENUE 7TH FLOOR ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3480190Applied For
Not Applicable

Zip Country

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

ANSLEY ROBERT EJ.
100 SOUTH ORANGE AVENUE
7TH FLOOR
ORLANDO FL 32801

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 **03/21/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKE DEREK			NAME	PATTERSON STEVE		
STREET ADDRESS	201 N MAGNOLIA AVE, STE 200			STREET ADDRESS	1950 SUMMIT PARK DRIVE, SUITE 300		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32810		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARMSTEAD RALPH			NAME			
STREET ADDRESS	1036 WEST AMELIA ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32805			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKOWSKI STEVE			NAME			
STREET ADDRESS	100 SOUTH ORANGE AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELLEN ROBERT			NAME	MELLEN ROBERT		
STREET ADDRESS	255 S ORANGE AVE 17TH PL			STREET ADDRESS	255 S ORANGE AVE 17TH PL		
CITY-ST-ZIP	ORLANDO FL 32802			CITY-ST-ZIP	ORLANDO FL 32802		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRINCKE ROBERT BJR.			NAME			
STREET ADDRESS	100 SOUTH ORANGE AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANSLEY ROBERT EJ.			NAME			
STREET ADDRESS	100 SOUTH ORANGE AVENUE 7TH FLR.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			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)(f), 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: **ROBERT E. ANSLEY, JR.** P **03/21/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)