

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

0004037

DOCUMENT # N97000006946

1. Entity Name

HOME INSPECTORS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

**4722 NW BOCA RATON BLVD. #C-108
 BOCA RATON FL 33431**

Mailing Address

**3811 23RD AVE W
 4722 NW BOCA RATON BLVD. #C-108
 BOCA RATON FL 33431
 BRADENTON, FL 34205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0813375

Applied 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

**FOX, LEO A
 133 BOCA RATON ROAD
 BOCA RATON FL 33432**

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 \$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 **PD** ☐ Delete
 NAME **RAWLINGS, EVERTT H**
 STREET ADDRESS **4722 NW BOCA RATON BLVD, #C-108**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **VPD** ☐ Delete
 NAME **FOWLER, CARL**
 STREET ADDRESS **1705 COLONIAL DR, SUITE A-4**
 CITY-ST-ZIP **FT MYERS FL 33907**

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

TITLE **SD** ☐ Delete
 NAME **STEFFEN, MICHAEL**
 STREET ADDRESS **3700 AIRPORT RD, SUITE 412**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **AD** ☐ Delete
 NAME **EVERALL, JOS**
 STREET ADDRESS **11429 PINCUS DR**
 CITY-ST-ZIP **HUDSON FL 34669**

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CLAUDE MCGAVIC** ☐ Delete
 NAME **3811 23RD AVE W**
 STREET ADDRESS **BRADENTON, FL 34205**
 CITY-ST-ZIP

TITLE **TREASURER/DIRECTOR** ☒ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDE MCGAVIC, PRES 3/14/01 (941) 750-0475

CR2E037 (10/00)