

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012368

1. Entity Name

FIVE POINT BUILDERS, INC.

FILED

Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90151 001 ***150.00

Principal Place of Business
331 SOUTH FIRST STREET
LAKE WALES FL 33853

Mailing Address
331 SOUTH FIRST STREET
LAKE WALES FL 33853

A0007750



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 593622976 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| PARKS, HARRY W 331 SOUTH FIRST STREET LAKE WALES FL 33853 | | | | 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|---------------------------------|--|--|---|--|---|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GEORGE, PATRICK M | | | NAME | | | |
| STREET ADDRESS | 821 PENNSYLVANIA AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKELAND FL 33804 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PARKS, HARRY W | | | NAME | | | |
| STREET ADDRESS | 777 ALTURAS ROAD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | BARTOW FL 33830 | | | CITY-ST-ZIP | | | |
| TITLE | D / CHAIRMAN / CEO | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BURGESS, JOE L | | | NAME | | | |
| STREET ADDRESS | 6245 NORTH FEDERAL HIGHWAY #300 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CALIGUIRE, JODY A | | | NAME | | | |
| STREET ADDRESS | 128 CALOOS DRIVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | BABSON PARK FL 33827 | | | CITY-ST-ZIP | | | |
| TITLE | D / SEC. | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FITZGERALD, KENNETH B | | | NAME | | | |
| STREET ADDRESS | 777 ALTURAS ROAD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | BARTOW FL 33830 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-01

Date

954.978.2940

Daytime Phone #

CR2E034 (10/00)