

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91160 033 \*\*\*150.00

**DOCUMENT # P00000048986**

1. Entity Name

**PREMIER BUILDERS OF NORTH FLORIDA, INC.**

Principal Place of Business

**1778 ORLEANS ST  
MANDEVILLE LA 70448**

Mailing Address

**1778 ORLEANS ST  
MANDEVILLE LA 70448**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**109 NORTH PARK, SUITE 320**

Suite, Apt. #, etc.

**109 NORTH PARK, SUITE 320**

City & State

**COVINGTON, LA.**

City & State

**COVINGTON, LA.**

Zip

Country

**70433 USA**

Zip

Country

**70433 USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHELL, STEPHEN B  
226 PALAFOX PLACE, NINTH FL  
PENSACOLA FL 32501**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROWN, BRIAN B</b>	
STREET ADDRESS	<b>1778 ORLEANS ST</b>	
CITY-ST-ZIP	<b>MANDEVILLE LA 70448</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KNIGHT, CRAIG</b>	
STREET ADDRESS	<b>69459 HWY 59</b>	
CITY-ST-ZIP	<b>ABITA SPRINGS LA 70420</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIMMONS, RANDY</b>	
STREET ADDRESS	<b>4502 ANCHOL LANE</b>	
CITY-ST-ZIP	<b>ORANGE BEACH AL 36561</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WALTHER, KEITH</b>	
STREET ADDRESS	<b>229 HEADRICK CIR</b>	
CITY-ST-ZIP	<b>GULF SHORES AL 36547</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WENDEL, ERIC</b>	
STREET ADDRESS	<b>1710 ORLEANS ST</b>	
CITY-ST-ZIP	<b>MANDEVILLE LA 70448</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MICHAEL G. SANDERSON</b>	
STREET ADDRESS	<b>109 NORTH PARK SUITE 320</b>	
CITY-ST-ZIP	<b>COVINGTON, LA. 70433</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WAYNE M. LEBLANC</b>	
STREET ADDRESS	<b>109 NORTH PARK SUITE 320</b>	
CITY-ST-ZIP	<b>COVINGTON, LA. 70433</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

**SIGNATURE:** Wayne M. LeBlanc (WAYNE M. LEBLANC) **4-23-01 504-871-7181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)