

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90101 042 \*\*\*158.75

DOCUMENT # P22492

1. Entity Name

FORISTER BUILDERS, INC.

Principal Place of Business

Mailing Address

2501 LOOP 360 SOUTH  
AUSTIN TX 78746

2501 LOOP 360 SOUTH  
AUSTIN TX 78746-7742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FORISTER, WAYNE  
3318 PONTE VEDRA BLVD.  
PONTE VEDRA BEACH FL 32082

4. FEI Number

74-1777169

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1318 Ponte Vedra Blvd.

City

Ponte Vedra Beach

FL

Zip Code

32082

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, 2000 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	FORISTER, TRIGG	
STREET ADDRESS	2501 LOOP 360 SOUTH	
CITY-ST-ZIP	AUSTIN TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FORISTER, WAYNE	
STREET ADDRESS	1318 PONTE VEDRA BEACH	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHUMANN, EDIE S.	
STREET ADDRESS	193 BARTON RANCH CIRCLE	
CITY-ST-ZIP	DRIPPING SPRGS TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Treasurer, Director	<input checked="" 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		
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:

Trigg Forister

4/15/00

512 327-2502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)