

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90062 008 \*\*\*158.75

**DOCUMENT # P22492**

1. Entity Name  
**FORISTER BUILDERS, INC.**

Principal Place of Business 2501 LOOP 360 SOUTH AUSTIN TX 78746	Mailing Address 2501 LOOP 360 SOUTH AUSTIN TX 78746
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2. Principal Place of Business 201 Stillwater	3. Mailing Address P.O. Box 2787
Suite, Apt. #, etc. Suite 4 & 5	Suite, Apt. #, etc.
City & State Wimberley, TX	City & State Wimberley, TX

Zip 78676	Country USA	Zip 78676	Country USA
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4. FEI Number **74-1777169** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FORISTER, WAYNE**  
**1318 PONTE VEDRA BLVD**  
**PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Exec.Vice Pres., Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P.O. Box 2787</b> <b>Wimberley, TX 78676</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Trigg Forister** 4/21/01 512 847-3122  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)