

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33942

1. Entity Name

JOHN WIELAND HOMES OF JACKSONVILLE, INC.

Principal Place of Business

3901 MONUMENT ROAD
JACKSONVILLE FL 32225

Mailing Address

1950 SULLIVAN ROAD
ATTN: RICHARD A. BACON
ATLANTA GA 30337-5706
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1942818

Applied For
Not Applicable

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

GILES, RICK
3901 MONUMENT ROAD
JACKSONVILLE FL 32225

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WIELAND, JOHN F.
STREET ADDRESS 1950 SULLIVAN RD.
CITY-ST-ZIP ATLANTA GA 30337 ☐ Delete

TITLE VAS
NAME BACON RICHARD A.
STREET ADDRESS 1950 SULLIVAN RD.
CITY-ST-ZIP ATLANTA GA 30337 ☐ Delete

TITLE CFO
NAME RAY, DOUG
STREET ADDRESS 1950 SULLIVAN RD
CITY-ST-ZIP ATLANTA GA 30337 ☐ Delete

TITLE V
NAME GILES, RICK
STREET ADDRESS 3901 MONUMENT RD
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE SDT
NAME WEILAND SUSAN W.
STREET ADDRESS 1950 SULLIVAN RD.
CITY-ST-ZIP ATLANTA GA 30337 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Richard A. Bacon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Bacon, Vice President

1/7/00 (770) 996-2400, x20

Date

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90071 033 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)