

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058514

1. Entity Name

AMERICAN SOUTHERN HOMES, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90165 013 ***150.00

Principal Place of Business

~~763 GRANVILLE DRIVE~~
~~WINTER PARK FL 32789~~

Mailing Address

~~763 GRANVILLE DRIVE~~
~~WINTER PARK FL 32789~~

2. Principal Place of Business

250 Park Ave. S. Ste. 675

3. Mailing Address

Same

Suite, Apt. #, etc.

Ste 675

Suite, Apt. #, etc.

City & State

Winter Park, Fl.

City & State

Zip

Country

32789

Orange

Zip

Country

4. FEI Number

59-3330204

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

HOLLOWAY, DWIGHT D

~~763 GRANVILLE DRIVE~~

~~WINTER PARK FL 32789~~

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

Dwight D. Holloway, Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, DWIGHT D 763 GRANVILLE DRIVE WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, CYNTHIA A 763 GRANVILLE DRIVE WINTER PARK FL 32789	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dwight D. Holloway, Pres.

Date

4/30/01

Daytime Phone #

407/509-1935

CR2E034 (10/00)