

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093846

1. Entity Name

IH BRANDON HOMES, INC.

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

05-01-2001 90090 010 ***150.00

Principal Place of Business

8401 JR MANOR DRIVE
SUITE 100
TAMPA FL 33634

Mailing Address

8401 JR MANOR DRIVE
SUITE 100
TAMPA FL 33634

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3372656**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYNCH, PAUL R
101 EAST KENNEDY BLVD., SUITE 2800
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

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 re-registering)

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

TITLE	DCS	<input type="checkbox"/> Delete
NAME	SUAREZ, JACK D	
STREET ADDRESS	8401 JR MANOR DRIVE, SUITE 100	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLEARY, CHRIS	
STREET ADDRESS	8401 JR MANOR DR, STE 100	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	TS	<input type="checkbox"/> Delete
NAME	TENBROEK, ERIN E	
STREET ADDRESS	8401 JR MANOR DR STE 100	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, LINDA E	
STREET ADDRESS	8401 JR MANOR DR STE 100	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WEIZOREK, PAUL	
STREET ADDRESS	8401 JR MANOR DR STE 100	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES REEBER	
STREET ADDRESS	8401 JR MANOR DR STE 100	
CITY-ST-ZIP	TAMPA FL 33634	
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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMANTHA NELSON	
STREET ADDRESS	8401 JR MANOR DR STE 100	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT STREIPLING	
STREET ADDRESS	8401 JR MANOR DR STE 100	
CITY-ST-ZIP	TAMPA, FL 33634	

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: *Erin E. TenBroek* ERIN TENBROEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 813-886-2433

Date

Daytime Phone #

CR2E034 (10/00)