

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90148 031 ***150.00

DOCUMENT # P96000020183

1. Entity Name
IH NEW TAMPA HOMES, INC.

Principal Place of Business Mailing Address
8401 JR MANOR DRIVE **8401 JR MANOR DRIVE**
SUITE 100 **SUITE 100**
TAMPA FL 33634 **TAMPA FL 33634-1400**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3377062		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LYNCH, PAUL R 101 EAST KENNEDY BLVD., SUITE 2800 TAMPA FL 33602				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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. ☐ **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	<input type="checkbox"/> Delete		TITLE	D, C, S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUAREZ, JACK D			NAME			
STREET ADDRESS	8401 JR MANOR DRIVE, SUITE 100			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE	VPST	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PRINCE, RANDALL L			NAME	Linda E. Thompson		
STREET ADDRESS	8401 JR MANOR DR, STE 100			STREET ADDRESS	8401 JR Manor Dr, Ste 100		
CITY-ST-ZIP	TAMPA FL 33634			CITY-ST-ZIP	Tampa FL 33634		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	T, S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SANDRIDGE, THOMAS J			NAME	Erin Ten Broek		
STREET ADDRESS	8401 JR MANOR DR, STE 100			STREET ADDRESS	8401 JR Manor Dr Ste 100		
CITY-ST-ZIP	TAMPA FL 33634			CITY-ST-ZIP	Tampa FL 33634		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GARRETT, BEVERLY			NAME	Charles Reber		
STREET ADDRESS	8401 JR MANOR DR, STE 100			STREET ADDRESS	8401 JR Manor Dr, Ste 100		
CITY-ST-ZIP	TAMPA FL 33634			CITY-ST-ZIP	Tampa FL 33634		
TITLE		<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Grant Stiepling		
STREET ADDRESS				STREET ADDRESS	8401 JR Manor Dr, Ste 100		
CITY-ST-ZIP				CITY-ST-ZIP	Tampa FL 33634		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Erin Ten Broek 4-18-2000 813-886-2433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)