

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066222

1. Entity Name

HOME BUILDERS INSURANCE SERVICES, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90069 049 ***150.00

Principal Place of Business 2727 ATLANTIC BLVD. JACKSONVILLE FL 32247	Mailing Address 2727 ATLANTIC BLVD. JACKSONVILLE FL 32207-3701
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00010004



DO NOT WRITE IN THIS SPACE

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	59-3427506	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEFFEY, FRED H
6620 SOUTHPOINT DR., SOUTH, #300
JACKSONVILLE FL 32216-0913

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PETWAY, THOMAS F III 2727 ATLANTIC BLVD. P.O. BOX 10197 JACKSONVILLE FL 32247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FERGUSON, LEE 2727 ATLANTIC BLVD. P.O. BOX 10197 JACKSONVILLE FL 32247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PETWAY, ELIZABETH 2727 ATLANTIC BLVD. P.O. BOX 10197 JACKSONVILLE FL 32247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FALON, NANCY 2727 ATLANTIC BLVD. P.O. BOX 10197 JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CASTRANOVA, ROBERT 2727 ATLANTIC BLVD. P.O. BOX 10197 JACKSONVILLE FL 32247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete EMANS, CHRISTOPHER F 2727 ATLANTIC BLVD. P.O. BOX 10197 JACKSONVILLE FL 32247

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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 all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 904-398-390
 Date Daytime Phone #