

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90187 022 ***150.00

04/09/03 AV

DOCUMENT # P96000092150

1. Entity Name
INLAND HOMES WARRANTY RESERVE CORP.



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

6522 Gunn Hwy
Suite, Apt. #, etc.

3. Mailing Address

6522 Gunn Hwy
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number **59-3430440**

Applied For
Not Applicable

Zip

33625

Country

USA

Zip

33625

Country

USA

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SUAREZ, JACK D	
STREET ADDRESS	8401 JR MANOR DRIVE, STE 100	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROGLER, ANDREW L	
STREET ADDRESS	8401 JR MANOR DRIVE, STE 100	
CITY-ST-ZIP	TAMPA FL 33-6341	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYNCH, PAUL R	
STREET ADDRESS	101 E KENNEDY BLVD., STE 2800	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suarez, Jack D	
STREET ADDRESS	6522 Gunn Hwy	
CITY-ST-ZIP	Tampa, FL 33625	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogler, Andrew L	
STREET ADDRESS	6522 Gunn Hwy	
CITY-ST-ZIP	Tampa, FL 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cunningham, Delton	
STREET ADDRESS	6522 Gunn Hwy	
CITY-ST-ZIP	Tampa, FL 33625	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew L. Rogler

2/15/03
Date

913 886 2433
Daytime Phone #

CR2E034 (10/02)