

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022233

1. Entity Name

KIMBALL HILL HOMES FLORIDA, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90092 018 \*\*\*150.00

Principal Place of Business

8584 KATY FREEWAY  
SUITE 200  
HOUSTON TX 77024  
US

Mailing Address

8584 KATY FREEWAY  
SUITE 200  
HOUSTON TX 77024-1808  
US

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

59-3431314

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

MORRIS, JON  
2020 DECKLE AVE.  
UNIT C  
TAMPA FL 33606

'DEKLE'

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.

JON MORRIS

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	HILL, DAVID C	
STREET ADDRESS	5999 NEW WILKE RD SUITE 504	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROWEHL, EUGEN K	
STREET ADDRESS	5999 NEW WILKE RD SUITE 504	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BREITENWISCHER, KIRK T	
STREET ADDRESS	5999 NEW WILKE RD SUITE 504	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	P	<input type="checkbox"/> Delete
NAME	YAKIM, GREG	
STREET ADDRESS	5999 NEW WILKE RD SUITE 504	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARBER, HAL H	
STREET ADDRESS	5999 N WILKE RD SUITE 504	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEITAG, BECKY	
STREET ADDRESS	8584 KATY FREEWAY SUITE 200	
CITY-ST-ZIP	HOUSTON TX 77024	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, DAVID K	
STREET ADDRESS		
CITY-ST-ZIP		
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEITAG, BECKY	
STREET ADDRESS		
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 another like empowered.

SIGNATURE:

*[Signature]* VICE PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

Daytime Phone #

CR2E034 (9/99)