

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022233

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90263 001 ***300.00

1. Entity Name

KIMBALL HILL HOMES FLORIDA, INC.

Principal Place of Business

8584 KATY FREEWAY
 SUITE 200
 HOUSTON TX 77024
 US

Mailing Address

8584 KATY FREEWAY
 SUITE 200
 HOUSTON TX 77024
 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

2907 Bay to Bay Blvd.
 Suite 301
 Tampa, IL 33629

Name

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

2907 Bay to Bay Blvd. Suite 301

City Tampa

FL

Zip Code 33629

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

CR2E034 (10/00)

(847) 364-7300
 April 17, 2001