

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000023482**1. Entity Name
MIDWEST HOMES, INC.

Principal Place of Business

700 11TH ST S
202
NAPLES FL
34102 US

Mailing Address

700 11TH ST S
202
NAPLES FL
34102 US

2. Principal Place of Business

700 ELEVENTH STREET, SOUTH

3. Mailing Address

700 ELEVENTH STREET, SOUTH

Suite, Apt. #, etc.
SUITE 202Suite, Apt. #, etc.
SUITE 202City & State
NAPLES FLCity & State
NAPLES FLZip Country
34102 USZip Country
34102 US4. FEI Number
59-3442000Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHEFFY JANE Y
2375 TAMiami TRAIL NORTH, SUITE 207NAPLES FL
341034439 US

7. Name and Address of New Registered Agent

Name
CHEFFY JANE Y
Street Address (P.O. Box Number is Not Acceptable)
2375 TAMiami TRAIL, NORTH
SUITE 207
City
NAPLES FL Zip Code
341034439

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 _____ **03/20/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	FLEISCHHAUER LINDA K	
STREET ADDRESS	2625 TARPON ROAD	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	FLEISCHHAUER WILLIAM M	
STREET ADDRESS	2625 TARPON ROAD	
CITY-ST-ZIP	NAPLES FL 34102	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHHAUER LINDA K	
STREET ADDRESS	3330 GIN LANE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHHAUER WILLIAM M	
STREET ADDRESS	3330 GIN LANE	
CITY-ST-ZIP	NAPLES FL 34102	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE: WILLIAM M. FLEISCHHAUER**PRES 03/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)