

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
 01-28-2000 90098 015 ***150.00

DOCUMENT # P98000007779

1. Entity Name

TOWN & COUNTRY HOME BUILDERS, INC.

Principal Place of Business

Mailing Address

**4381 S.W. MASEFIELD STREET
 PORT ST. LUCIE FL 34953**

**4381 S.W. MASEFIELD STREET
 PORT ST. LUCIE FL 34953-5355**

2. Principal Place of Business

3. Mailing Address

1807 SW MACEDO BLVD

1807 SW MACEDO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port. St Lucie, FL.

Port St. Lucie FL.

Zip

Country

Zip

Country

34984 ST. Lucie

34984 ST. Lucie

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCARTHY, TERENCE P
 2081 EAST OCEAN BOULEVARD
 STUART FL 34996**

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

(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 **P** ☐ Delete
 NAME **MCQUILLAN, WILLIAM H**
 STREET ADDRESS **4381 SW MASEFIELD ST**
 CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE **TOWN + COUNTRY HOME BUILDERS, INC.** ☒ Change ☐ Addition
 NAME **1807 SW MACEDO BLVD**
 STREET ADDRESS **PORT ST LUCIE, FL. 34984**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 McQuillan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)