2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007779

Entity Name

TOWN & COUNTRY HOME BUILDERS, INC.

FILED

00 MAY -2 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
S.W. MASEFIELD STREET ST. LUCIE FL 34953	4381 S.W. MASEFIELD STREET PORT ST. LUCIE FL 34953-5355

01 28 00-90098-015 $150.00

Principal Place of Business	3. Mailing Address
1807 SW Macedo Blvd Suite, Apt. #, etc.	1807 SW Macedo Blvd Suite, Apt. #, etc.
City & State: Port. St Lucie, FL.	City & State: Port St. Lucie FL.
Zip: 34984 Country: ST. Lucie	Zip: 34984 Country: St. Lucie

4. FEI Number 65-0807791 ☐ 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
MCCARTHY, TERENCE P 2081 EAST OCEAN BOULEVARD STUART FL 34996	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
LE ME EET ADDRESS Y-ST-ZIP	P MCQUILLAN, WILLIAM H 4381 SW MASEFIELD ST PORT ST LUCIE FL 34953 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition WILLIAM H. McQuillan 3851 SW Rucker St Port St Lucie, FL. 34953
LE ME EET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME EET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME EET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition LS
LE ME EET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME EET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 1/24/00 5613447161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #