≈2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000018862 Jul 31, 2000 8:00 am Secretary of State 1. Entity Name SANTE FE HOMES, INC. 07-31-2000 90014 019 \*\*\*150.00 Principal Place of Business Mailing Address 11192 NORMANDY BOULEVARD 11192 NORMANDY BOULEVARD JACKSONVILLE FL 32221 JACKSONVILLE FL 32221 US B0103882 2. Principal Place of Business 3. Mailing Address 3ame DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. NIA Applied For City & State 4. FEI Number City & State 59-3494588 Not Applicable Country \$8.75 Additional Country Ζiρ 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name anne THOMAS, BIGRAM Street Address (P.O. Box Number is Not Acceptable) 11192 NORMANDY BOULEVARD JACKSONVILLE FL 32221 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. \*\* ☐ Addition TITLE Change ☐ Delete TITLE RIDDELL, HEATHER K NAME NAME STREET ADDRESS STREET ADDRESS 11192 NORMANDY BOULEVARD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32221 Change ☐ Addition ☐ Delete TITLE TITLE NAME RIDDELL. THOMAS E III NAME STREET ADDRESS STREET ADDRESS 11192 NORMANDY BOULEVARD CITY - ST - ZIP CITY-ST-ZIF Jacksonville FL 32221 ☐ Addition Change TITLE □ Delete NAME THOMAS, BIGRAM NAME STREET ADDRESS STREET ADDRESS 11192 NORMANDY BOULEVARD CITY-ST-ZIP CITY-ST-ZIE JACKSONVILLE FL 32221 ☐ Addition Change Delete TITLE TITLE MCCAULEY, MICHAEL L NAME NAME STREET ADDRESS STREET ADDRESS 11192 NORMANDY BOULEVARD CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32221 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZiP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

apaddress, with all other like empowered.

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	This is a note to let
	you know that we're
	whely received one
	Statement and it was
	low 2nd motice.
	we called and were
	told to bend \$ 150.00
- F	w/ a note and our
	Dtatement
	Sincerely
	Sante De Homes, Inc.
	904-378-3600
	110.1 - 5.18. 9.999