

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90058 050 ***150.00

0029046
AV

DOCUMENT # P98000018862

1. Entity Name
SANTE FE HOMES, INC.

Principal Place of Business
**11192 NORMANDY BOULEVARD
JACKSONVILLE FL 32221
US**

Mailing Address
**11192 NORMANDY BOULEVARD
JACKSONVILLE FL 32221
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3494588		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country					

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THOMAS, BIGRAM 11192 NORMANDY BOULEVARD JACKSONVILLE FL 32221				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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, 2002 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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIDDELL, HEATHER K			NAME			
STREET ADDRESS	11192 NORMANDY BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32221			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIDDELL, THOMAS E III			NAME			
STREET ADDRESS	11192 NORMANDY BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32221			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, BIGRAM			NAME	THOMAS, BIGRAM		
STREET ADDRESS	1875 WEST DUVAL STREET			STREET ADDRESS	1875 W. DUVAL ST.		
CITY-ST-ZIP	LAKE CITY FL 32055			CITY-ST-ZIP	LAKE CITY, FL 32055		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCAULEY, MICHAEL L			NAME			
STREET ADDRESS	11192 NORMANDY BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32221			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an address, with all other like empowered.

SIGNATURE: *Thomas W. Bigram* **BIGRAM W. THOMAS** **04/03/02** **904-378-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)