

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P98000065476

1. Entity Name

IH HOUSTON HOMES, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90487 036 \*\*\*150.00

Principal Place of Business Mailing Address  
8401 JR MANOR DRIVE 8401 JR MANOR DRIVE  
SUITE 100 SUITE 100  
TAMPA FL 33634 TAMPA FL 33634-1400

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3529033

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

LYNCH, PAUL  
SHUMAKER LOOP A KENDRICK  
101 E KENNEDY BLVD STE 2800  
TAMPA FL 33602

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 PST  
NAME SUAREZ, JACK D  
STREET ADDRESS 8401 JR MANOR DRIVE, SUITE 100  
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE D.P.S.  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP  
NAME SANDRIDGE, TOM  
STREET ADDRESS 8401 JR MANOR DRIVE, SUITE 100  
CITY-ST-ZIP TAMPA FL 33634 ☒ Delete

TITLE VP  
NAME William Glenn Mading  
STREET ADDRESS 8401 JR Manord Dr, Suite 100  
CITY-ST-ZIP Tampa FL 33634 ☐ Change ☒ Addition

TITLE S  
NAME TENBROEK, ERIN E  
STREET ADDRESS 8401 JR MANOR DR STE 100  
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE TS  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S  
NAME THOMPSON, LINDA E  
STREET ADDRESS 8401 JR MANOR DR STE 100  
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ERIN E. TENBROEK

CR2E034 (9/99)