

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104404

1. Entity Name :

TOWN & COUNTRY BUILDERS, INC.

Principal Place of Business

2885 S CONGRESS  
DELRAY BEACH FL 33445  
US

Mailing Address

21179 N. SWEETWATER LANE  
BOCA RATON FL 33428-1025

2. Principal Place of Business

2295 Corporate Blvd. NW

Suite, Apt. #, etc.

Executive Court One, Suite 117

City & State

Boca Raton FL

Zip

33431

Country

USA

3. Mailing Address

2295 Corporate Blvd. NW

Suite, Apt. #, etc.

Executive Court One, Suite 117

City & State

Boca Raton, FL.

Zip

33431

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0886612

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PLATT, RONALD L ESQ.  
170 N.W. SPANISH RIVER BLVD.  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KELLY, TIMOTHY R	
STREET ADDRESS	21179 N. SWEETWATER LANE	
CITY - ST - ZIP	BOCA RATON FL 33428	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RYAN, THOMAS E	
STREET ADDRESS	FOUR WESTBROOK CORP. CENTER #500	
CITY - ST - ZIP	WESTCHESTER IL 60154	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RYAN, THERESE R	
STREET ADDRESS	FOUR WESTBROOK CORP. CENTER #500	
CITY - ST - ZIP	WESTCHESTER IL 60154	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEYFARTH, EILEEN R	
STREET ADDRESS	FOUR WESTBROOK CORP. CENTER #500	
CITY - ST - ZIP	WESTCHESTER IL 60154	
TITLE	D	<input type="checkbox"/> Delete
NAME	COFFEY, DONNA R	
STREET ADDRESS	FOUR WESTBROOK CORP. CENTER #500	
CITY - ST - ZIP	WESTCHESTER IL 60154	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, MICHAEL J CHRM.	
STREET ADDRESS	FOUR WESTBROOK CORP. CENTER #500	
CITY - ST - ZIP	WESTCHESTER IL 60154	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY R. KELLY  
PRESIDENT

3/15/00

Date

561-8930029

Daytime Phone #