

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093218

1. Entity Name

AMERICAN HOMES NETWORK, INC.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90009 044 \*\*\*150.00

Principal Place of Business

5620 W. IRLO BRONSON HWY., SUITE 118  
KISSIMMEE FL 34746

Mailing Address

5620 W. IRLO BRONSON HWY., SUITE 118  
KISSIMMEE FL 34746

2. Principal Place of Business

2901 PARKWAY BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

Zip

34747

Country

USA

Zip

Country

4. FEI Number

59-3609865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, DAVID  
3412 CLARD ROAD, #102  
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

WATKINS, DAVID

Street Address (P.O. Box Number is Not Acceptable)

3412 CLARK ROAD #102

City

SARASOTA

FL

Zip Code

34231

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

*David Watkins*

07/12/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **PRESIDENT** ☐ Delete  
NAME **KEVIN WILLIAM LUMB**  
STREET ADDRESS **2100 MAJORY CIRCLE**  
CITY-ST-ZIP **HALES CITY FL 33844**

TITLE **SECRETARY** ☐ Delete  
NAME **SANDRA J. LUMB**  
STREET ADDRESS **2100 MAJORY CIRCLE**  
CITY-ST-ZIP **HALES CITY FL 33844**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

*Kevin William Lumb* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/00

Date

407 758 8226

Daytime Phone #