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2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # S31762** Mar 24, 2000 8:00 am Secretary of State 1. Entity Name CAMBRIDGE HOMES, INC. 03-24-2000 90094 011 ***150.00 Principal Place of Business Mailing Address 200 S ORANGE AVE 242 N WESTMONTE OR **SUITE 2300** ALTAMONTE SPRINGS FL 32714 ORLANDO FL 32801-3455 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3049697 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A.G.C., CO. Street Address (P.O. Box Number is Not Acceptable) 200 S ORANGE AVE **SUITE 2300** ORLANDO FL 32801 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS VΡ X Addition ☐ Change TITLE Delete TITLE OROSZ, WILLIAM S JR South, Scott J. NAME NAME STREET ADDRESS STREET ADDRESS 242 N WESTMONTE DR 242 N. Westmonte Dr CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL Altamonte Springs, FL 32714 vpst Oelete ☐ Change X Addition TITLE TITLE NAME STEAKLEY, JERRY NAME Sanders, Kyle A. 242 N WESTMONTE DR STREET ADDRESS STREET ADDRESS 242 N. Westmonte Dr CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL <u> Altamonte Springs, FL 32714</u> X Addition Change TITLE ☐ Delete SMITH, PEGGY Orosz, Jody L. NAME STREET ADDRESS 242 N WESTMONTE DRIVE STREET ADDRESS 242 N. Westmonte Dr CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 Altamonte Springs, FL 32714 X Addition ☐ Delete TITLE TITLE Thompson, Charlotte E. WOOD, STEPHEN P NAME NAME STREET ADDRESS STREET ADDRESS 242 N WESTMONTE DR 242 N. Westmonte Dr CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL <u> Altamonta Springs, FL 32714</u> Change Addition ☐ Delete TITI E TITLE AS REISING, RICHARD NAME NAME Barnes, Debi STREET ADDRESS STREET ADDRESS 242 N WESTMONTE DR 242 N. Westmonte Dr CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL <u> Altamonte Springs, FL 32714</u> 🗷 Delete TITLE TITLE BENNETT, DANA A NAME McCullough, Joseph D. STREET ADDRESS 242 N WESTMONTE DR STREET ADDRESS 201 S. Tryon St, Suite 1200 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL Charlotte, NC 28202 13. I hereby certify that the information supplied with this filling 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 the and accurate aper 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 stusted from the security his second by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an ag SIGNATURE: