

2000 UNIFORM BUSINESS REPORT (UBR)

9/19/00-90050-001-\$1,100.00-\$550.00

DOCUMENT # S67180

1. Entity Name

GREG WILSON HOMES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 11 AM 9:24

Principal Place of Business

13132 EASON ISLD CT
JACKSONVILLE FL 32224
US

Mailing Address

13132 EASON ISLD CT
JACKSONVILLE FL 32224
US

2. Principal Place of Business

149 Bristol Place
Suite, Apt. #, etc.
Ponte Vedra Bch. FL
City & State

3. Mailing Address

149 Bristol Place
Suite, Apt. #, etc.
Ponte Vedra Bch. FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2981994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSCHMAN, ALBERT E. JR.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32250

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 \$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	D	<input type="checkbox"/> Delete
NAME	WILSON, GREG R.	
STREET ADDRESS	13132 EASON ISLAND COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, LYNDA	
STREET ADDRESS	13132 EASON ISLAND COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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 REQUIRED

Lynnda K. Wilson 10-200 904-280-9889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-280-9889

CP2E034 (5/00)