2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 12, 2001 8:00 am Secretary of State

DOCUMENT # V16452 1. Entity Name					Secretary of State 07-12-2001 90114 018 ***150.00			
AMERIC	AN HOMEBUTLDERS; INC	•		,				
Principal Place of Business Mailing Address 8535-28 BAYMEADOWS RD. JACKSONVILLE, FLOB2256 JACKSONVILLE, FL 32256					<u>'</u>			
					A D O M O D O O			
2. Principal Place of Business		3. Mailing Address			A0076933			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-3127110	Applied For Not Applicable			
Zip	Country	Zip	Coun		5. Certificate of Status Desired		8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Address of New R	egistered A	gent	
				Name				
J. HOWARD SHEFFIELD 4209 BAYMEADOWS ROAD, SUITE 4				Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FLORIDA 32217				City E1 Zip Code				
•				<i></i>		<u>FL</u>		
(See criter	requirement and elects to do so. ria on back)	FILE NOW After MAY 1-7 Make Grieck Pays	001 Fee ble to D	will be \$550.00	Trust Fund Contribution	. ' 0	Added	O May Be d to Fees
11.	PST OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE NAME	M. CRAIG SCOTT	☐ Delete	TTL				☐ Change	Addition Addition
STREET ADORESS CITY-ST-ZIP	8535-28 BAYMEADOWS		STRE	ET ADORESS ST-ZIP				
MLE	JACKSONVILLE, FL 32	2.56 Delate	TITLE				Change	☐ Addition
NAME	DONALD W. HALIL, JR		NUM	· ·			C) cimile	
STREET ADDRESS	4439 BARNABY DR.	•	STRE	ET ADDRESS		1.		
CITY-ST-ZIP		2217	CITY	ST-ZIP		1		
TITLE	D	Delete	TITLE		The second of th	•	Change	Addition
NAME Street Address	MITCHELL MONTGOMERY	71 TT	NAM STRE	ET ADORESS				
CITY-ST-ZEP	9000 REGENCY SQUARE JACKSONVILLE, FLORI	BLVD. #201 DA 32211		ST-ZIP				
TITLE	AS	☐ Delete	TITLE		•		Change	☐ Addition
NAME	ELLEN F. SIGLER		NAM			1		
STREET ADDRESS City-St-Zip	8535-28 BAYMEADOWS			ET ADDRESS ST-ZIP)		
TITLE	JACKSONVILLE, FLORI	DA 32236	IIIL				☐ Change	☐ Addition
NAME		trust Crowners	NAM	ľ				
STREET ADORESS				ET ADORESS		i		
CITY-ST-ZIP				ST-ZIP				
TITLE NAME	,	☐ Delete	TITLE	j			Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
CTIY-ST-ZIP				-ST-ZIP				
13. I hereby of indicated of the con	pertify that the information supplied with on this report or supplemental report is poration or the receives of trustee empty	this filing does not qualify function true and accurate and that wered to execute this report	or the exe my signa t as requi	inption stated in Source shall have the ed by Chapter 60	ection 119.07(3)(i), Florida Statutes. I same legal effect as if made under o 7, Florida Statutes; and that my name	further certi ath; that I ar appears in	fy that the in n an officer Block 11 or	nformation or director Block 12 if

SIGNATURE:

M CHARC SCOTT, PRES 7/5/01 904-448-44

AMBRICAN HOMEBUILDERS

AHachment At VIV452 A0076933

July 5, 2001

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: FEI#59-3127110

Dear Sir or Madame:

Enclosed please find our 2001 UBR form. Please be advised that we did not receive the filing which normally comes in the first of the year. As soon as this was realized, I took steps to rectify the error, and downloaded the form from the internet.

Per instructions from your office via telephone, enclosed is the form, a check for the original filing fee of \$150.00 and this letter of explanation.

I am respectfully requesting that you accept this filing and fee as we did not receive the filing through the normal channels.

Sincerely.

Ellen Sigler Office Manager (904) 448-1144

Ellen Sigle