

2000 UNIFORM BUSINESS REPORT (UBR)

4-28-00

DOCUMENT # V35220

1. Entity Name

AMHOME USA INCORPORATED

Principal Place of Business

26857 State Road 54
Wesley Chapel, FL
33543-9151

Mailing Address

26875 SR 54
Wesley Chapel, FL
33543-9151

2. Principal Place of Business

26857 State Road 54

3. Mailing Address

Suite, Apt. #, etc.

Wesley Chapel, FL

Suite, Apt. #, etc.

City & State

City & State

Zip
33543

Country
USA

/in

Country
USA



DO NOT WRITE IN THIS SPACE

4/28/00 90069/015 \$158.75

4. FCI Number
59-3137372

Applied Fee
Not Applicable

5. Continuation or Renewal Desired ☒

\$0.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES D. CLARK
26857 State Road 54
Wesley Chapel, FL 33543

7. Name and Address of New Registered Agent

Name James D. Clark
Street Address (P.O. Box Number is Not Acceptable)
26857 State Road 54
City Wesley Chapel, FL Zip Code 33543

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

James D. Clark

4-17-2000

9. This corporation is eligible to qualify its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$160.00
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 D/Carl L. Hebinck ☐ Delete
NAME
STREET ADDRESS 22646 Weeks Blvd.
CITY-ST-ZIP Land O' Lakes, FL 34639

TITLE D, Sec/Julia I. Hebinck ☐ Delete
NAME
STREET ADDRESS 22646 Weeks Blvd.
CITY-ST-ZIP Land O' Lakes, FL 34639

TITLE Pres, CEO/James D. Clark ☐ Delete
NAME
STREET ADDRESS 26857 State Road 54
CITY-ST-ZIP Wesley Chapel, FL 33543

TITLE D/Bernard L. Hebinck ☐ Delete
NAME
STREET ADDRESS 5104 Caroline Street
CITY-ST-ZIP Houston, TX 77004

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

TITLE ☐ Change ☐ Addition
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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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature will have the same legal effect as a made under oath; that I am an officer or director of the corporation or the individual authorized to execute this report; no interest is received by Chapter 1817, I hereby Signatures; and that my name appears in Block 11 or Block 12 if changed, in an attachment with an address, with all other like organizations.

SIGNATURE:

James D. Clark, Pres. 4-17-2000 (813) 994-7145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5