

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-20-2000 90083 042 \*\*\*158.75

**DOCUMENT # 279947**  
 1. Entity Name  
**PALM HARBOR HOMES, INC.**

Principal Place of Business      Mailing Address  
**15303 DALLAS PARKWAY**      **15303 DALLAS PARKWAY**  
**SUITE 800**      **SUITE 800**  
**DALLAS TX 75001**      **DALLAS TX 75001-4600**

2. Principal Place of Business      3. Mailing Address  
**15303 Dallas Parkway**      **15303 Dallas Parkway**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 800**      **Suite 800**

City & State      City & State  
**Addison, TX**      **Addison, TX**  
 Zip      Zip      Country      Country  
**75001-4600**      **75001-4600**      **USA**      **USA**



4. FEI Number      Applied For  
**59-1036634**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>POSEY, LEE</b> <b>17427 CLUB HILL DRIVE</b> <b>DALLAS TX 75248</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <b>John Wilson</b> <b>6309 Desco Drive</b> <b>Dallas, TX 75225</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>KEENER, LARRY</b> <b>1804 KINGS ISLE</b> <b>PLANO TX 75093</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <b>Fred Meyer</b> <b>26 Ryddington Place</b> <b>Dallas, TX 75201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>CHANEY, SCOTT</b> <b>5912 ROYAL PALM DRIVE</b> <b>PLANO TX 75093</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <b>W.D. Rosenberg</b> <b>5525 North Forty Place</b> <b>Dallas, TX 75252</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SCFO</b> <b>TACKE, KELLY</b> <b>4943 SANDESTIN</b> <b>DALLAS TX 75287</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <b>A. Gary Shilling</b> <b>33 Lakeview Avenue</b> <b>Short Hills, NJ 07078</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARTIN, SCOTT</b> <b>17200 WESTGROVE, #2216</b> <b>DALLAS TX 75248</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, WILLIAM R</b> <b>7418 OVERDALE DRIVE</b> <b>DALLAS TX 75240</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kelly Tacke      Kelly Tacke      3/13/00      972-991-2422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)