

2000 UNIFORM BUSINESS REPORT (UBR)

2/9,

FILED
May 11, 2000 8:00 am
Secretary of State

02-09-2000 90361 010 ****61.25

DOCUMENT # 734529

1. Entity Name

FAMILY TOWNHOUSES OF THE LAKES OF EMERALD HILLS,

Principal Place of Business

Mailing Address

% DCI
 2901 SIMMS STREET
 HOLLYWOOD FL 33020

% DCI
 2901 SIMMS STREET
 HOLLYWOOD FL 33020-1510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6603373

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYROWITZ, ANDREW
% D.C.I.
2901 SIMMS ST.
HOLLYWOOD FL 33020

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P D** ☐ Delete
 NAME **ANGELOZZI, CLAIRE**
 STREET ADDRESS **3907 PARKSIDE LANE., #233**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V PD** ☐ Delete
 NAME **LEFKOWITZ, ARNOLD**
 STREET ADDRESS **3908 PARKSIDE LANE., #229**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **PLATT, THOMAS**
 STREET ADDRESS **3909 FLAMEWOOD LANE., #224**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☒ Change ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **BASCOVE, STEPHEN**
 STREET ADDRESS **3006 OAKTREE LANE., #295**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **POLLER, NEALE**
 STREET ADDRESS **3003 OAKTREE LANE., #271**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ Change ☐ Delete
 NAME **SPALL, JIM**
 STREET ADDRESS **3905 PARKSIDE LANE. #232**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **D** ☒ Delete
 NAME **PYNE, RICARD**
 STREET ADDRESS **3012 OAKTREE LANE., #292**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/2000

954-351
 922-351