

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

02-01-2000 90047 019 ****61.25

DOCUMENT # 739683

1. Entity Name

THE WOODS OF EMERALD HILLS, INC.

Principal Place of Business

Mailing Address

2901 SIMMS ST
 HOLLYWOOD FL 33020-8510

2901 SIMMS ST
 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

59-1783589

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVELOPMENT CONSULTANTS, INC.
2901 SIMMS STREET
HOLLYWOOD FL 33020-8510

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 re-registering)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	WILLENS, SHELDON	4101 NORTH 48 AVENUE	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/>
P D	JACOB, HAL	4102 NORTH 50TH STREET	HOLLYWOOD FL	<input type="checkbox"/>
T D	GOLDIS, DAVID	3804 N 47 AVE	HOLLYWOOD FL 33021	<input type="checkbox"/>
VP D	SCHWARTZ, RITA	4707 NORTH 40 STREET	HOLLYWOOD FL 33021	<input type="checkbox"/>
S D	ROSENTHAL, JOAN	4710 N. 40 STREET	HOLLYWOOD FL 33021	<input type="checkbox"/>
D	STRAUSS, MILTON	4106 N 51ST AVE	HOLLYWOOD FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SHIRLEY JACOBS **JACOBS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

954
 922-3574

Daytime Phone #