

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G90117

1. Entity Name

APPLIED BUILDING DEVELOPMENTS, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90236 001 \*\*\*300.00

Principal Place of Business

8933 S APOPKA VINELAND  
 ORLANDO FL 32836  
 US

Mailing Address

8933 APOPKA VINELAND RD  
 ORLANDO FL 32836-5722  
 US

2. Principal Place of Business

8000 The Esplanade

Suite, Apt. #, etc.

3. Mailing Address

8000 The Esplanade

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32836

Country

Zip

32836

Country

4. FEI Number

59-2492063

Applied For

Not Applicable

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

KOHN, DAVID

~~8933 S APOPKA VINELAND ROAD~~  
 ORLANDO FL 32836

8000 The Esplanade

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

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	P	<input type="checkbox"/> Delete
NAME	SCHIFF, AKIVA	
STREET ADDRESS	8933 S APOPKA-VINELAND RD	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARNEY, DAVID V.	
STREET ADDRESS	8933 S APOPKA-VINELAND RD	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUERON, DAN V.	
STREET ADDRESS	8933 S APOPKA-VINELAND RD	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOHN, DAVID	
STREET ADDRESS	8933 S APOPKA-VINELAND RD	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8000 The Esplanade
CITY-ST-ZIP	Orlando, FL 32836
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8000 The Esplanade
CITY-ST-ZIP	Orlando, FL 32836
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8000 The Esplanade
CITY-ST-ZIP	Orlando, FL 32836
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8000 The Esplanade
CITY-ST-ZIP	Orlando, FL 32836
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

407-370-6400

Daytime Phone #

CR2E034 (9/99)