

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000005665

1. Entity Name

HOME DYNAMICS SIERRA RANCH, LLC

**FILED**

01 JAN 29 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7954 PINES BLVD  
PEMBROKE PINES FL 33024

7954 PINES BLVD  
PEMBROKE PINES FL 33024

2. Principal Place of Business

4788 W. Commercial Blvd.

3. Mailing Address

4788 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac, Florida

City & State

Tamarac, Fl

4. FEI Number

Applied For

Not Applicable

Zip

Country

33319

US

Zip

Country

33319

US

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHACK, EDWARD J  
7954 PINES BLVD  
PEMBROKE PINES FL 33024

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 \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: Managing Member  Delete  
NAME: David Schack  
STREET ADDRESS: 4788 W. Commercial Blvd.  
CITY-ST-ZIP: Tamarac, Fl. 33319

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition  
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CITY-ST-ZIP:  Change  Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

1.15.00

954-484-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)