

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90001 018 ***550.00

DOCUMENT # L64874

1. Entity Name
GEFFEN CONSTRUCTION & DEVELOPMENT COMPANY

Principal Place of Business

886 WATERWAY PLACE
 LONGWOOD FL 32750
 US

Mailing Address

886 WATERWAY PL
 LONGWOOD FL 32750
 US

2. Principal Place of Business

234 MAIN ROAD

Suite, Apt. #, etc.

3. Mailing Address

234 MAIN ROAD

Suite, Apt. #, etc.

City & State

LAKE MARY

City & State

LAKE MARY

4. FEI Number

59-3001171

Applied For

Not Applicable

Zip

32746

Country

SEMINOLE

Zip

32746

Country

SEMINOLE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

A0074130



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GEFFEN, MILTON
234 MAIN ROAD
LAKE MARY FL 32746

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	GEFFEN, MILTON	
STREET ADDRESS	234 MAIN RD.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	GEFFEN, SUZANN K.	
STREET ADDRESS	234 MAIN RD.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: Milton Geffen SIGNATURE REQUIRED MILTON GEFFEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-322-3051

CR2E034 (5/00)