

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90236 001 ***300.00

11573



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000085141

1. Entity Name
APPLIED BUILDING DEVELOPMENT OF ORLANDO -B.H., I

Principal Place of Business 8933 S. APOPKA-VINELAND ORLANDO FL 32836	Mailing Address 8933 S. APOPKA-VINELAND ORLANDO FL 32836-5722
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2. Principal Place of Business 8000 The Esplanade Suite, Apt. #, etc.	3. Mailing Address 8000 The Esplanade Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32836	Zip 32836
Country	Country

4. FEI Number 59-3343464	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KOHN, DAVID
~~8933 S. APOPKA-VINELAND ROAD~~
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
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 _____ (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	
TITLE	<input type="checkbox"/> Delete
NAME	D GUERON, DAN
STREET ADDRESS	8933 S APOPKA VINELAND ROAD
CITY-ST-ZIP	ORLANDO FL 32836
TITLE	<input type="checkbox"/> Delete
NAME	D SCHIFF, AKIVA
STREET ADDRESS	8933 S APOPKA VINELAND ROAD
CITY-ST-ZIP	ORLANDO FL 32836
TITLE	<input type="checkbox"/> Delete
NAME	P KOHN, DAVID
STREET ADDRESS	8933 S APOPKA VINELAND ROAD
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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

Date: **4-18-00** Daytime Phone #: **407-370-6400**

CR2E034 (9/99)