

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019678

1. Entity Name

ELITE HOMES OF CENTRAL FLORIDA, INC.

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90120 005 \*\*\*150.00

Principal Place of Business

Mailing Address

262 EAST MERRITT ISLAND CAUSEWAY  
SUITE 6  
MERRITT ISLAND FL 32952  
US

P O BOX 320637  
~~SUITE 4~~  
COCOA BEACH FL 32932-0637  
US

803296



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

925 N. COURTENAY PKWY  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 28

City & State

City & State

MERRITT ISLAND, FL

Zip

Country

Zip

Country

32953

4. FEI Number 59-3300801

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

GLASS, GREGORY W  
1800 W HIBISCUS  
SUITE 138  
MELBOURNE FL 32902

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 PD  
NAME KODSI, MAURICE  
STREET ADDRESS 925 N COURTENAY PARKWAY  
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

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

TITLE V  
NAME KODSI, ROBERT  
STREET ADDRESS 925 N COURTENAY PARKWAY  
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: X *Maurice KODSI*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000 321-453-5360  
Date Daytime Phone #

CR2E034 (9/99)