

2000 UNIFORM BUSINESS REPORT (UBR)

0145393

DOCUMENT # 308528

1. Entity Name

CENTURY LAND CORPORATION

FILED
00 FEB -2 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2500 HOLLYWOOD BLVD. SUITE 205 HOLLYWOOD FL 33020-6615	Mailing Address 2500 HOLLYWOOD BLVD. SUITE 205 HOLLYWOOD FL 33020-6615
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2. Principal Place of Business 175 BRADLEY PLACE Suite, Apt. #, etc.	3. Mailing Address 175 BRADLEY PLACE Suite, Apt. #, etc.
City & State PALM BEACH FL	City & State PALM BEACH FL
Zip 33480	Country USA

4. FEI Number 59-1166126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHECTER, AARON 2500 HOLLYWOOD BLVD HOLLYWOOD FL 33020	7. Name and Address of New Registered Agent Name ROBERT D. RAPAPORT Street Address (P.O. Box Number is Not Acceptable) 175 BRADLEY PLACE City PALM BEACH FL Zip Code 33480
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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 *Robert D. Rapaport* 1/12/2000 X
ROBERT D. RAPAPORT (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SCHECTER, AARON 2500 HOLLYWOOD BLVD. HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003129152-7 -02/09/00--01034--007 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPAPORT, ROBERT CASA BENDITA PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPAPORT, ROBERT 175 BRADLEY PLACE PALM BEACH FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Robert D. Rapaport* 1/12/2000 561-659-5311
ROBERT D. RAPAPORT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)