

# 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<br>2500 HOLLYWOOD BLVD.<br>SUITE 205<br>HOLLYWOOD FL 33020-6615 | Mailing Address<br>2500 HOLLYWOOD BLVD.<br>SUITE 205<br>HOLLYWOOD FL 33020-6615 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>175 BRADLEY PLACE</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>175 BRADLEY PLACE</b><br>Suite, Apt. #, etc. |
|---|---|

|                                      |                                      |                                    |  |
|--------------------------------------|--------------------------------------|------------------------------------|--|
| City & State<br><b>PALM BEACH FL</b> | City & State<br><b>PALM BEACH FL</b> | 4. FEI Number<br><b>59-1166126</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33480</b>                  | Country<br><b>USA</b>                | Zip<br><b>33480</b>                | Country<br><b>USA</b>                                  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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**

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* **ROBERT D. RAPAPORT** (NOTE: Registered Agent signature required when reinstating) DATE **1/12/2000**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PDS</b><br><b>SCHECTER, AARON</b><br><b>2500 HOLLYWOOD BLVD.</b><br><b>HOLLYWOOD FL</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RAPAPORT, ROBERT</b><br><b>CASA BENDITA</b><br><b>PALM BEACH FL</b> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>200003129152--7</b><br><b>-02/09/00--01034--007</b><br><b>****150.00 ****150.00</b>                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>RAPAPORT, ROBERT</b><br><b>175 BRADLEY PLACE</b><br><b>PALM BEACH FL 33480</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>SP</b>   |

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* **ROBERT D. RAPAPORT** (NOTE: Registered Agent signature required when reinstating) DATE **1/12/2000** DAYTIME PHONE # **561-659-5311**

CR2E034 (9/99)