

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91562 050 ***150.00

DOCUMENT # 641449

1. Entity Name

LEVITT CONSTRUCTION CORP.-EAST

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7777 GLADES ROAD

Suite, Apt. #, etc.

410

City & State

BOCA RATON FL

3. Mailing Address

7777 GLADES ROAD

Suite, Apt. #, etc.

410

City & State

BOCA RATON FL

Zip

33434

Country

Zip

33434

Country

4. FEI Number

59-1966292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS ST.

City

TALLAHASSEE

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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 constituting

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **VSD**
NAME **WEST, ALFRED**
STREET ADDRESS **7777 GLADES RD #410**
CITY-STATE-ZIP **BOCA RATON, FL 33434**

TITLE **PD**
NAME **WIENER, ELLIOT M**
STREET ADDRESS **7777 GLADES RD. #410**
CITY-STATE-ZIP **BOCA RATON, FL 33434**

TITLE **V**
NAME **SLEEK, HARRY**
STREET ADDRESS **7777 GLADES RD. #410**
CITY-STATE-ZIP **BOCA RATON, FL 33434**

TITLE **TASD**
NAME **HOYOS, JEFFERY**
STREET ADDRESS **7777 GLADES RD. #410**
CITY-STATE-ZIP **BOCA RATON, FL 33434**

TITLE **V**
NAME **DAMIANO, TOM**
STREET ADDRESS **7777 GLADES RD. #410**
CITY-STATE-ZIP **BOCA RATON, FL 33434**

TITLE **V**
NAME **ARMSTRONG, JOEL**
STREET ADDRESS **7777 GLADES RD. #410**
CITY-STATE-ZIP **BOCA RATON, FL 33434**

TITLE **VP**
NAME **S. DOUGLAS FLINN**
STREET ADDRESS **7777 GLADES RD. #410**
CITY-STATE-ZIP **BOCA RATON, FL 33434**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. DOUGLAS FLINN
VP CORPORATE CONTROLLER

4/12/02

Date

(561) 482-5100

Daytime Phone #

CR2E034B (12/01)