

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90297 044 \*\*\*158.75

**DOCUMENT # 832355**

1. Entity Name  
**AVATAR HOLDINGS INC.**

Principal Place of Business 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134-5102	Mailing Address 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134-5108
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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4. FEI Number **23-1739078**

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KERRIGAN, JUANITA I**  
**201 ALHAMBRA CIRCLE**  
**12TH FL**  
**CORAL GABLES FL 33134**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GETMAN, DENNIS J.</b> <b>201 ALHAMBRA CIRCLE 12TH FL</b> <b>CORAL GABLES FL 33134</b> <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	<b>D</b> <b>JACOBSON, EDWIN</b> <b>201 ALHAMBRA CIRCLE 12TH FL</b> <b>CORAL GABLES FL 33134</b> <input checked="" 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	<b>PD</b> <b>KELFER, GERALD D</b> <b>201 ALHAMBRA CIRCLE 12TH FL</b> <b>CORAL GABLES FL 33134</b> <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	<b>CD</b> <b>LEVY, LEON</b> <b>201 ALHAMBRA CIRCLE 12TH FL</b> <b>CORAL GABLES FL 33134</b> <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	<b>VT</b> <b>MCNAIRY, CHARLES</b> <b>201 ALHAMBRA CIRCLE 12TH FL</b> <b>CORAL GABLES FL 33134</b> <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	<b>VS</b> <b>KERRIGAN, JUANITA I.</b> <b>201 ALHAMBRA CIRCLE 12TH FL</b> <b>CORAL GABLES FL 33134</b> <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: *Juanita I. Kerrigan* VP/Secretary **4/17/00** **(305) 442-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**JUANITA I. KERRIGAN**

CR2E034 (9/99)

00094557  
832355

AVATAR HOLDINGS INC. (DE)  
FLORIDA ANNUAL REPORT  
ADDITIONAL OFFICERS AND DIRECTORS:

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CFO	LAWRENCE SHERRY
DIRECTOR	WILLIAM G. SPEARS
DIRECTOR	KENNETH T. ROSEN
DIRECTOR	MILTON H. DRESNER
DIRECTOR	MARTIN MEYERSON
DIRECTOR	FRED STANTON SMITH
DIRECTOR	HENRY KING STANFORD
DIRECTOR	GERNOT H. REINERS