

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000147**

1. Entity Name
ENGINEERED HOMES OF CENTRAL FLORIDA, LTD.

FILED

00 JUN -2 PH 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1155 S. SEMORAN BLVD., SUITE 1118
WINTER PARK FL 32792

Mailing Address
1155 S. SEMORAN BLVD., SUITE 1118
WINTER PARK FL 32792-5505

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number **59-3359902**

Applied For
Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
POHL, FRANK
280 WEST CANTON AVENUE, STE. 410
WINTER PARK FL 32790

7. Name and Address of New Registered Agent
Name **STEPHAN, REINHARD**
Street Address (P.O. Box Number is Not Acceptable) **2699 Lee Road Ste 540**
City **WINTER PARK** FL Zip Code **32789**

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]* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$40,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P96000004284
NAME	E. H. GENERAL, INC.
STREET ADDRESS	1155 S SEMORAN BLVD., SUITE 1118
CITY - ST - ZIP	WINTER PARK FL 32792
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CP/ENR/0000