

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3359902

Applied For
Not Applicable

Zip Country

Zip Country

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY - ST - ZIP

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***363.75 ***363.75

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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