

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F03591

1. Entity Name

PULTE REAL ESTATE COMPANY

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90020 028 ***150.00

Principal Place of Business Mailing Address
33 BLOOMFIELD HILLS PKWY., SUITE 200 33 BLOOMFIELD HILLS PKWY., SUITE 200
BLOOMFIELD HILLS MI 48304-2944 BLOOMFIELD HILLS MI 48304-2946

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 38-2332849

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

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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 reinstating)

DATE

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 PD ☐ Delete
NAME COMEGYS, LAWRENCE S
STREET ADDRESS 1509 W SWANN AVE #240
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DCFO ☐ Delete
NAME FREES, VINCENT J
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY., SUITE 200
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304-2944

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME BOYD, CALVIN R
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY, #200
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME ZUKOFF, COLETTE R
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY STE 200
CITY-ST-ZIP BLOOMFIELD HILLS MI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME STOLLER, JOHN R.
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY 200
CITY-ST-ZIP BLOOMFIELD HILLS MI

TITLE VS ☒ Change ☐ Addition
NAME Stoller, John R.
STREET ADDRESS 33 Bloomfield Hills Pkwy. #200
CITY-ST-ZIP Bloomfield Hills, MI 48304

TITLE TAS ☒ Delete
NAME THOMAS, MAUREEN E
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY SUITE 200
CITY-ST-ZIP BLOOMFIELD HILLS MI

TITLE TVAS ☐ Change ☒ Addition
NAME Robinson, Bruce E.
STREET ADDRESS 33 Bloomfield Hills Pkwy. #200
CITY-ST-ZIP Bloomfield Hills, MI 48304

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colette R. Zukoff

Date

3/29/00

Daytime Phone #

248-644-7300

CR2E034 (9/99)