

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G11196

1. Entity Name

~~BANKATLANTIC DEVELOPMENT CORPORATION~~
Levitt Corporation

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90040 040 ***150.00

Principal Place of Business Mailing Address
1750 E SUNRISE BLVD 1750 E SUNRISE BLVD
1750 E. SUNRISE BLVD. 1750 E. SUNRISE BLVD.
FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304-3013
US US

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2443818** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FURMAN, JACK A ESQ
1750 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
Name **GILBERT, GLEN R**
Street Address (P.O. Box Number Is Not Acceptable)
1750 EAST SUNRISE BLVD
City **FT LAUDERDALE FL** Zip Code **33304**

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]* **GLEN R. GILBERT** **Executive Vice President** DATE **4/24/2000**
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	DP	<input type="checkbox"/> Delete
NAME	ABDO, JOHN E	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVAN, ALAN B.	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33304	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GILBERT, GLEN	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33304	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ABDO, FRANK	
STREET ADDRESS	1350 NE 56 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **GLEN R. GILBERT** **Executive Vice President** DATE **4/24/2000** (954) 760-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)