

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90255 001 *****8.75

DOCUMENT # G63610

1. Entity Name
MERRICK HOMES, INC.

Principal Place of Business

**MERRICK HOMES
 1490 NW 21ST ST
 FT. LAUDERDALE FL 33311**

Mailing Address

**P.O. BOX 5423
 FT. LAUDERDALE FL 33310-5423**

2. Principal Place of Business

**1490 N.W.
 21ST STREET**

City & State
FT. Lauderdale

Zip Country

3. Mailing Address

**Same
 P.O. Box 5423**

City & State
FT. Land.

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2327252**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCBEAN, VAUDINE
 11810 NW 30TH PLACE
 SUNRISE FL 33323**

7. Name and Address of New Registered Agent

Name **VAUDINE MERCURIOS**
 Street Address (P.O. Box Number is Not Acceptable)
11810 N.W. 30TH PL.
 City **SUNRISE** FL Zip Code **33323**

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 _____ (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. ☒

**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

TITLE **PD** ☐ Delete
 NAME **MCBEAN, VAUDINE**
 STREET ADDRESS **11810 NW 30TH PLACE**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Vaudine McBean**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00 954 523-1942
 Date Daytime Phone #