## Secretary of State 05-16-2000 90164 026 \*\*\*150.00

FILED
May 16, 2000 8:00 am
Comptany of Ctata

2000 UNIFORM	<b>BUSINESS</b>	REPORT	(UBR
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DOCUMENT #	G73357
1. Entity Name	

	GENERAL	DEVELOPMENT	<b>HEADQUARTERS</b>	<b>CORPORATION</b>
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Principal Place of Business

Mailing Address

LEGAL DEPT 9TH FLOOR 2601 S. BAYSHORE DR.

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MIAMI FL 33133-	2461		MIAMI FL 33133-5417				1 ( <b>180</b> 1)   <b>181</b> 1) <b>  1811   1</b> 88 <b>1</b>	NE END FEET EFE	) BIBIL BIBIL BIBIL BIBI	<b>8</b> ( <b>8</b> )}   <b>38</b>
2-4800 N. Federal Highway  3. Mailing Address 200 S. Biscayne		yne Boulev	ard							
Suite, Apt. #_etc. Suite 105E		Suite, Apt. #. etc. Suite 4900				DO NO	T WRITE IN TH	HIS SPACE		
City & State Boca Ra		L	City & State Miami, FL			<b>4</b> . F	El Number 59-23	47575	<u> </u>	olied For Applicable
Zip 33431		Country	Zip 33131	Country		<b>5</b> . C	Certificate of Status De	sired 🗀	\$8.75 Add Fee Required	
	6. Name	and Address of Current R				7. N	lame and Address of	New Register	ed Agent	
GOLDMAN, JOEL K LEGAL DEP., 9TH FLOOR 2601 S. BAYSHORE DRIVE			Street /	Name K. Lawrence Gragg Street Address (P.O. Box Number is Not Acceptable)  200 S. Biscayne Blvd., Suite 4900						
MIAM	I FL 33133	<b>\</b>		City	 [iami				FL Zip Code	
8. The above i	named entity	submits this statement for	the purpose of changing its		_	ed age	ent, or both, in the Stat	e of Florida.		
SIGNATURE _	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, type or phinted name of registered agent and title if applicable.   My JE. 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 After MAY 1, 2000 Fee w Make Check Payable to Dep			00 Fee will be \$	550.00	1	10. Election Campa Trust Fund Con	tribution.	☐ Added	May Be to Fees	
11.		OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES	O OFFICERS		
TITLE	DP		XX Delete	TITLE	P/D				Change	<b>x</b> ☐ Addition
NAME		THOMAS W.		NAME		kerman, Richard S.				
STREET ADDRESS		BAYSHORE DRIVE	STRE			00 N. Federal Highway, Suite 105E				,
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	Boca	a Ra	aton, FL 334	31	Character Character	Addition
TITLE	AS COOK, P	A I I A	Delete	TITLE NAME	V   C1+1	lin	Cone		☐ Change	Addition
NAME STREET ADDRESS		BAYSHORE DRIVE		NAME Gitlin, Gene STREET ADDRESS 4800 N. Federal				⊵hwav. S	Suite 105E	
CITY-ST-ZIP			CITY-ST-ZIP			ton, FL 334				
TITLE	VI		Delete	TITLE	1				☐ Change	Addition
NAME	FISCHER	, JOHN H.	XX	NAME	ļ					
STREET ADDRESS	2601 S. E	BAYSHORE DRIVE		STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	<b>_</b>					
TITLE	VSD		XX Delete	TITLE					☐ Change	☐ Addition
NAME		N, JOEL K.		NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	BAYSHORE DRIVE		CITY-ST-ZIP						
	VDC		Delete	TITLE	1				Change	Addition
TITLE NAME	COOK, P	AULA	□ Delete	NAME						
STREET ADDRESS	- ,	AYSHORE DR		STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP						
TITLE	٧		XX Delete	TITLE		• • •			☐ Change	☐ Addition
NAME		AK, JOHN		NAME	1					
STREET ADDRESS	2601 S B	AYSHORE DRIVE		STREET ADDRESS	1					

| MIAMI FL 33133 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 of trustipe 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 addrass, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard S. Ackerman 4/30/00 561-395-9666

Daytime Phone #