

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H88111

1. Entity Name  
LEVITT PROPERTY MANAGEMENT, INC.

Principal Place of Business

7777 GLADES RD #410  
BOCA RATON FL 33434

Mailing Address

7777 GLADES RD #410  
BOCA RATON FL 33434

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2001 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  
NAME WIENER, ELLIOTT  
STREET ADDRESS 7777 GLADES RD.  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE VPSD  
NAME WEST, AL  
STREET ADDRESS 7777 GLADES RD.  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE VSTD  
NAME HOYOS, JEFFREY  
STREET ADDRESS 7777 GLADES RD.  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE V  
NAME SLEEK, HARRY T  
STREET ADDRESS 7777 GLADES RD  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE V  
NAME DAMIANO, TOM  
STREET ADDRESS 7777 GLADES ROAD  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

Jeffery Hoyos

2/14/01

(561)

482-5100

Date

Daytime Phone #

FILED  
Apr 14, 2001 8:00 am  
Secretary of State  
04-14-2001 90011 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)