

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J33227

1. Entity Name

CLIFTON HOMES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90210 013 ***150.00

Principal Place of Business 355 NE 5 AVE STE 4 DELRAY BCH FL 33483	Mailing Address 355 NE 5 AVE STE 4 DELRAY BCH FL 33483-5542
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LU004000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2721868	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIENER, DAVID J.
 1400 CENTREPARK BLVD
 SUITE 1000
 WEST PALM BEACH FL 33401-4498

Name: *Burdoll, Jayne Register*
 Street Address (P.O. Box Number is Not Acceptable): *1400 Centrepark Blvd*
 Suite: *1000*
 City: *West Palm Beach* FL Zip Code: *33401-4498*

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]* DATE: *4/6/00*

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	D	<input type="checkbox"/> Delete
NAME	BINNS, PHILIP	
STREET ADDRESS	1216 N. ATLANTIC DR.	
CITY-ST-ZIP	LANTANA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARDER, J. MARTIN	
STREET ADDRESS	1062 AVIARY DR.	
CITY-ST-ZIP	WEST PALM BEACH 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Binns, Philip</i>	
STREET ADDRESS	<i>355 NE 5th Ave, #4</i>	
CITY-ST-ZIP	<i>Delray Beach, FL 33483</i>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Carder, J. Martin</i>	
STREET ADDRESS	<i>355 NE 5th Ave, #4</i>	
CITY-ST-ZIP	<i>Delray Beach, FL 33483</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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, and all other like empowered.

SIGNATURE: *[Signature]* DATE: *4-12-00* DAYTIME PHONE #: *561-274-0070*

CR2E034 (9/99)