

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000115

1. Entity Name

ZUCKERMAN CUSTOM HOMES, L.L.C.

Principal Place of Business

6351 SAN MICHEL WAY
DELRAY BEACH FL 33484

Mailing Address

6351 SAN MICHEL WAY
DELRAY BEACH FL 33484

2. Principal Place of Business

3111 UNIVERSITY DRIVE

3. Mailing Address

3111 UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 610

SUITE 610

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

65-0996939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODKIN, PETER M
ONE EAST BROWARD BLVD., SUITE 1501
FT. LAUDERDALE FL 33301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZUCKERMAN, ANDREW 6351 SAN MICHEL WAY DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZUCKERMAN, DAVID 6351 SAN MICHEL WAY DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZUCKERMAN, STEVEN 6351 SAN MICHEL WAY DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUBIN, NEIL 6351 SAN MICHEL WAY DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZUCKERMAN, ANDREW 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS, FL. 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZUCKERMAN, DAVID 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS, FL. 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZUCKERMAN, STEVEN 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS, FL. 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUBIN, NEIL 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS, FL. 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
01 MAR -1 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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