

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N21615**

1. Entity Name

EXECUTIVE AIRPORT CORPORATE CENTER, INC.**FILED****Mar 21, 2000 8:00 am**
Secretary of State

03-21-2000 90079 049 ****61.25

Principal Place of Business

% HOLLAND BUILDERS, INC.
4860 N.E. 12TH AVE.
FT. LAUDERDALE FL 33334

Mailing Address

% HOLLAND BUILDERS, INC.
4860 N.E. 12TH AVE.
FT. LAUDERDALE FL 33334-4804

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

65-0034657

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****HOLLAND BUILDERS, INC.**
4860 N.E. 12TH AVE.
FT. LAUDERDALE FL 33334**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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHMATZ, JOHN	
STREET ADDRESS	4860 N.E. 12TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HOLLAND, GERALD M	
STREET ADDRESS	4860 NE 12TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KUNTZ, JOAN	
STREET ADDRESS	1995 W COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)