

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51104

1. Entity Name

ENDEAVOR GROUP HOMES, INC.

Principal Place of Business

8535 N.W. 29TH DRIVE
CORAL SPRINGS FL 33065

Mailing Address

ENDEAVOR GROUP HOME, INC
8535 NW 29TH DR
CORAL SPRINGS FL 33065-5324
US

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

65-0367966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN S. ROSENBLUM, P.A.
1133 SOUTH UNIVERSITY DRIVE
SUITE 211
PLANTATION FL 33324

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	POSEY, LINDA	
STREET ADDRESS	6511 N.E. 21ST WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLADER, JANET	
STREET ADDRESS	6562 BOCA DEL MAR DR., APT. 128	
CITY-ST-ZIP	BOCA RATON FL 33443	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ANNE L	
STREET ADDRESS	6510 SW 49TH STREET	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANK, EILEEN M	
STREET ADDRESS	2733 N.E. 37TH DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	ONORATI, GARY	
STREET ADDRESS	767 SO STATE ROAD 7 (SUITE 13)	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIGAND, ROBERTA	
STREET ADDRESS	715 S.W. 14TH AVENUE, #3	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE	0	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	UP/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWY, Lynette	
STREET ADDRESS	14500 Cedar Court	
CITY-ST-ZIP	Miami Lakes, Fla. 33014	

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Book Kilar

3/9/00

Date

1-954-978-6600

Daytime Phone #

CR2E037 (9/99)