

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90116 007 \*\*\*\*61.25

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**DOCUMENT # N51104**

1. Entity Name

**ENDEAVOR GROUP HOMES, INC.**

Principal Place of Business

Mailing Address

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

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

**508345**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0367966**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LANK, WILLIAM C JR.**  
**2203 W. MCNAB ROAD**  
**POMPANO BEACH FL 33069**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POSEY, LINDA</b>	
STREET ADDRESS	<b>6511 N.E. 21ST WAY</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FLADER, JANET</b>	
STREET ADDRESS	<b>6562 BOCA DEL MAR DR., APT. 126</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33443</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, ANNE L</b>	
STREET ADDRESS	<b>6510 SW 49TH STREET</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LANK, EILEEN M</b>	
STREET ADDRESS	<b>2733 N.E. 37TH DR</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ONORATI, GARY</b>	
STREET ADDRESS	<b>767 SO STATE ROAD 7 (SUITE 13)</b>	
CITY-ST-ZIP	<b>MARGATE FL 33068</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WIGAND, ROBERTA</b>	
STREET ADDRESS	<b>715 S.W. 14TH AVENUE, #3</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 all other like empowered.

SIGNATURE:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(William C. LANK Jr.)*  
 Date

*2/23/02*

*951-978-6600*  
 Daytime Phone #

CP2E037 (9/01)