2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N95000001713 May 15, 2000 8:00 am 1. Entity Name J. C. W. 1. 64 Secretary of State UNITED DEVELOPMENT COMMUNITIES, INC. 05-15-2000 90263 041 ****61.25 Principal Place of Business Mailing Address 3706 NO. OCEAN BLVD. STE 370 3706 NO. OCEAN BLVD. STE 370 FORT LAUDERDALE FL 33308-6451 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0591072 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MIMNA, CURTIS 3706 NO. OCEAN BLVD. STE 370 FORT LAUDERDALE FL 33308 Zip Code City 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. 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TITLE ☐ Addition CPD TO THE STATE OF THE STATE O TITLE ☐ Change ☐ Delete NAME NAME NEEDLEMAN, LENNY STREET ADDRESS STREET ADDRESS 3706 NORTH OCEAN BLVD, SUITE 370 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 Change Addition TITLE TITLE Delete ED NAME NAME BARKER, PRISCILLA STREET ADDRESS STREET ADDRESS 3706 N OCEAN BLVD, SUITE 370 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 Change Addition TITLE VCD ☐ Delete TITLE NAME NAME BARNES, LIZ STREET ADDRESS 3706 N OCEAN BLVD, SUITE 370 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change Addition TITLE SD ☐ Delete TITLE JACUMIN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 3706 NORTH OCEAN BLVD, SUITE 370 CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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