

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007070

1. Entity Name

FLORIDA HOMEOWNERSHIP COUNCIL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-30-2000 90063 003 ****61.25

Principal Place of Business

5461 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

Mailing Address

5461 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVNE & SEGAL, P.A.
4300 N. UNIVERSITY DRIVE
SUITE A-106
FORT LAUDERDALE FL 33351

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 \$61.25

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

TITLE NAME **PMD KORCOK, MARK** ☐ Delete
STREET ADDRESS **5461 N. FEDERAL HWY**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **SAM SPANNE** ☐ Change ☒ Addition
STREET ADDRESS **5461 N. FEDERAL HWY**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE NAME **Robert Korcok** ☐ Change ☒ Addition
STREET ADDRESS **5461 N. Federal Hwy**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: **MARK KORCOK**

SIGNATURE REQUIRED

3/27/00

954-489-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)