

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90215 001 ***450.00

DOCUMENT # P01000073645
1. Entity Name
G.L. HOMES OF BOYNTON BEACH IX CORPORATION

Principal Place of Business
1401 UNIVERSITY DRIVE STE 200
CORAL SPRINGS FL 33071

Mailing Address
1401 UNIVERSITY DRIVE STE 200
CORAL SPRINGS FL 33071

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country** **Zip** **Country**

4. FEI Number
65-1124366

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRANT, MARKQF
200 E BROWARD BLVD 15TH FLOOR
FT LAUDERDALE FL 33301

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	Itzhak Ezratti
STREET ADDRESS	1401 University Drive, Suite 200
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	V <input type="checkbox"/> Delete
NAME	Richard M. Norwalk
STREET ADDRESS	1401 University Drive, Suite 200
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	VT <input type="checkbox"/> Delete
NAME	Richard A. Costello
STREET ADDRESS	1401 University Drive, Suite 200
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	VAS <input type="checkbox"/> Delete
NAME	Alan J. Fant
STREET ADDRESS	1401 University Drive, Suite 200
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	S <input type="checkbox"/> Delete
NAME	Paul Corban
STREET ADDRESS	1401 University Drive, Suite 200
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
 Date

(954) 553-1730
 Daytime Phone #

CR2E034 (9/01)