

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90271 049 ***150.00

DOCUMENT # P01000121326

1. Entity Name
LEVITT CORPORATION



Principal Place of Business
1750 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304

Mailing Address
P.O. BOX 5403
FORT LAUDERDALE FL 33310

11018395



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

11-3675068 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILBERT, GLEN R
1760 E. SUNRISE BLVD, 3RD FLOOR
FORT LAUDERDALE FL 33304

Please correct spelling

Name

Gilbert, Glen R.

Street Address (P.O. Box Number is Not Acceptable)

1750 E. Sunrise Blvd, 3RD Fl

City

Ft. Lauderdale

FL

Zip Code

33304

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ABDO, JOHN E**
STREET ADDRESS **1750 E. SUNRISE BLVD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **C, D** ☐ Change ☒ Addition
NAME **Kevin, Alan B.**
STREET ADDRESS **1750 E. Sunrise Blvd, 3rd Fl**
CITY-ST-ZIP **Ft Lauderdale, FL 33304**

TITLE **EVP** ☐ Delete
NAME **GILBERT, GLEN R**
STREET ADDRESS **1750 E. SUNRISE BLVD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **D** ☐ Change ☒ Addition
NAME **Somerstein, Barry**
STREET ADDRESS **1750 E. Sunrise Blvd, 3rd Fl**
CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Scherer, William**
STREET ADDRESS **1750 E. Sunrise Blvd, 3rd Fl**
CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Blosser, James**
STREET ADDRESS **1750 E. Sunrise Blvd, 3rd Fl**
CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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 REQUIRED**
GLEN R. GILBERT
Executive Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2003

Date

Daytime Phone #

CR2E034 (10/02)