

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90164 046 \*\*\*150.00

**DOCUMENT # P25474**

1. Entity Name  
**GENERAL DEVELOPMENT ACCEPTANCE CORPORATION**

Principal Place of Business      Mailing Address  
**LEGAL DEPT. 9TH FLOOR      LEGAL DEPT. 9TH FLOOR**  
**2601 S BAYSHORE DR      2601 S BAYSHORE DR**  
**MIAMI FL 33133-2461      MIAMI FL 33133-5417**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**4800 N. Federal Highway      200 S. Biscayne Boulevard**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 105E      Suite 4900**

City & State      City & State  
**Boca Raton, FL      Miami, FL**

Zip      Country      Zip      Country  
**33431           33131**

4. FEI Number      Applied For  
**65-0128497      Not Applicable**

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

**GOLDMAN, JOEL K**  
**LEGAL DEPT., 9TH FLOOR**  
**2601 S. BAYSHORE DRIVE**  
**MIAMI FL 33133**

Name **K. Lawrence Gragg**  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 S. Biscayne Blvd., Suite 4900**  
 City **Miami**      **FL**      Zip Code **33131**

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 *K. Lawrence Gragg*      DATE 4/28/00  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>JEFFREY THOMAS W.</b> <b>2601 S. BAYSHORE DRIVE</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Ackerman, Richard S.</b> <b>4800 N. Federal Highway, Suite 105E</b> <b>Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>COOK, PAULA</b> <b>2601 S. BAYSHORE DRIVE</b> <b>MIAMI FL 33133</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Gitlin, Gene</b> <b>4800 N. Federal Highway, Suite 105E</b> <b>Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>FISCHER, JOHN H.</b> <b>2601 S. BAYSHORE DRIVE</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>GOLDMAN, JOEL K.</b> <b>2601 S. BAYSHORE DRIVE</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDC</b> <b>COOK, PAULA</b> <b>2601 S BAYSHORE DR</b> <b>MIAMI FL 33133</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LAGUARDIA, JOHN</b> <b>2601 S. BAYSHORE DRIVE</b> <b>MIAMI FL 33133</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard S. Ackerman*      Date 4/30/00      Daytime Phone # 561-395-9666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)