

2000 UNIFORM BUSINESS REPORT (UBR)

0256987

DOCUMENT # P92000004565

1. Entity Name

LENNAR FLORIDA LAND III Q.A., INC.

FILED

00 MAR 23 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

760 NW 107TH AVE
SUITE 400
MIAMI FL 33172

760 NW 107TH AVE
SUITE 400
MIAMI FL 33172-3157

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

65-0373288

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

7. Name and Address of New Registered Agent

NEALON, THOMAS F
760 NW 107 AVE.
SUITE 400
MIAMI FL 33172

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

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 AS
NAME NEALON, THOMAS F III
STREET ADDRESS 760 NW 107TH AVENUE, STE 400
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D/VP
NAME Thomas, Owen D.
STREET ADDRESS 1585 Broadway, 37th Floor
CITY-ST-ZIP New York, NY 10036 ☐ Change ☒ Addition

TITLE D/VP
NAME LEWIS, WILLIAM M JR.
STREET ADDRESS 1585 BROADWAY 37TH FLOOR
CITY-ST-ZIP NEW YORK NY 10036 ☒ Delete

TITLE
NAME
STREET ADDRESS 500003195165--5
CITY-ST-ZIP -04/04/00--01047--023 ☐ Change ☐ Addition

TITLE DPST
NAME KRASNOFF, JEFFERY P
STREET ADDRESS 700 NW 107 AVE. STE. 400
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

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

TITLE VP
NAME LEVIN, DAVID
STREET ADDRESS 760 NW 107 AVE, STE 400
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE VP
NAME BLASER, THEKLA
STREET ADDRESS 760 NW 107TH AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE V
NAME SCHRAGER, RONALD E
STREET ADDRESS 760 NW 107TH AVE., STE. 400
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

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

Ronald E. Schrager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald E. Schrager, VP

Date

Daytime Phone #

(305) 220-4300

KE

CR2E034 (9/99)