

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056126

1. Entity Name

ENGLE HOMES/GULF COAST, INC.

Principal Place of Business

123 NW 13TH ST
SUITE 300
BOCA RATON FL 33432

Mailing Address

123 NW 13TH ST
SUITE 300
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SHAPIRO, DAVID
123 N.W. 13TH STREET, SUITE 300
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

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

City



FILED

01 MAR 21 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0429651

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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, 2001 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	VD	<input type="checkbox"/> Delete
NAME	ENGELSTEIN, ALEC	
STREET ADDRESS	123 NW 13TH ST #300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOOTAN, SERGE	
STREET ADDRESS	35364 SR 54 WEST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SHAPIRO, DAVID	
STREET ADDRESS	123 NW 13TH ST #300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KRAYNICK, JOHN A	
STREET ADDRESS	123 NW 13TH ST #300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McAden, Tommy L.	
STREET ADDRESS	123 N.W. 13th Street #300	
CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delikanakis, Yannis	
STREET ADDRESS	123 N.W. 13th Street #300	
CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	V, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hubenak, Holly A.	
STREET ADDRESS	123 N.W. 13th Street #300	
CITY-ST-ZIP	Boca Raton, Florida 33432	
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:

John A. Kraynick, VP 3-20-01

561-391-4012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)