

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **004000018908**

1. Entity Name

ENGLE HOMES/NORTH CAROLINA, INC.

FILED

00 APR -7 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. FEI Number
65-0482564

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SHAPIRO, DAVID
123 NW 13TH ST.
SUITE 300
BOCA RATON, FL 33432

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	PD	<input type="checkbox"/> Delete
NAME	ENGELSTEIN, ALEC	
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	VSTD	<input type="checkbox"/> Delete
NAME	SHAPIRO, DAVID	
STREET ADDRESS	123 NW 13TH ST. #300	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JONES, WILLIAM BRADDOCK	
STREET ADDRESS	315 S. SALEM ST. #400B	
CITY-ST-ZIP	APEX, N. CAROLINA 27502	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELSTEIN, ALEC	
STREET ADDRESS	123 NW 13TH ST. #300	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGELSTEIN, HARRY	
STREET ADDRESS	123 NW 13TH ST. #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 561-391-4012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)