

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039356

1. Entity Name

ISLANDER HOMES OF SAN MARCO INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90005 003 ***550.00

Principal Place of Business

2409 E LAS OLAS BLVD
 FT. LAUDERDALE FL 33301
 US

Mailing Address

POST OFFICE BOX 2485
 FORT LAUDERDALE FL 33303-2485
 US

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

65-0493710

Applied For

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

BOFSHEVER, HAROLD S.
 4875 N FEDERAL HWY, 7TH FLR
 FORT LAUDERDALE FL 33308

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **DP** ☐ Delete
 NAME **NELLIS, WILLIAM**
 STREET ADDRESS **2829 ASHTON COURT**
 CITY-ST-ZIP **KNOXVILLE TN 37922**

TITLE **DP** ☒ Change ☐ Addition
 NAME **NELLIS, WILLIAM**
 STREET ADDRESS **3562 PIEDMONT RD, NE, APT 111**
 CITY-ST-ZIP **ATLANTA, GA 30305**

TITLE **VPST** ☐ Delete
 NAME **MURPHY, RAYMOND L**
 STREET ADDRESS **2409 E LAS OLAS BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)