

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90299 001 \*\*\*600.00

0001176 AV

DOCUMENT # P94000043511

1. Entity Name  
ENGLE HOMES/COLORADO, INC.



Principal Place of Business  
% ENGLE HOMES INC.  
123 N.W. 13TH ST.  
BOCA RATON FL 33432

Mailing Address  
% ENGLE HOMES INC.  
123 N.W. 13TH ST.  
BOCA RATON FL 33432

00004170



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
4000 Hollywood Blvd.  
Suite, Apt. #, etc.  
Ste. 500N  
City & State  
Hollywood FL  
Zip  
33021  
Country  
USA

3. Mailing Address  
4000 Hollywood Blvd.  
Suite, Apt. #, etc.  
Ste. 500N  
City & State  
Hollywood FL  
Zip  
33021  
Country  
USA

4. FEI Number 65-0496809  
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

PETERSEN, PATRICIA M  
4000 HOLLYWOOD BLVD., STE. 500-N  
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>MON, ANTONIO B<br>4000 HOLLYWOOD BLVD,SUITE 500-N<br>HOLLYWOOD FL 33021    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ECKBERG, ERIC<br>7340 E. CALEY AVENUE, SUITE 300<br>ENGLEWOOD CO 80111      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>KRAYNICK, JOHN A<br>% 123 N.W. 13 ST, STE. 300<br>BOCA RATON FL 33432      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VST<br>LEIKERT, PAUL<br>123 NW 13TH STREET SUITE 300<br>BOCA RATON FL 33432      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>HUBENAK, HOLLY A<br>123 NW 13TH STREET SUITE 300<br>BOCA RATON FL 33432   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>DELIKANAKIS, YANNIS<br>123 NW 13TH STREET SUITE 300<br>BOCA RATON FL 33432 | <input type="checkbox"/> Delete            |

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

Secretary  
PATRICIA M. Petersen  
4000 Hollywood Blvd. Ste. 500N  
Hollywood FL 33021

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)