

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

PA4000087247

1. Entity Name

ENGLE HOMES/LAKE BERNADETTE, INC.

FILED

00 APR -7 PM 1:30

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

Zip

Country

Zip

Country

4. FEI Number

59-3288055

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

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 type="checkbox"/> Delete
NAME	GOOTAN, SERGE	
STREET ADDRESS	4912 GOLF LINKS BLVD.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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****158.75 ****158.75

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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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Kraynick, VP 561-391-4012

Date

Daytime Phone #

CR2E034 (9/99)