

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044078

1. Entity Name

GAVIN HOMES & DESIGN, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90007 013 \*\*\*150.00

Principal Place of Business

Mailing Address

1405 N.W. 66TH AVE.  
MARGATE FL 33063

1405 N.W. 66TH AVE.  
MARGATE FL 33063-2633

2. Principal Place of Business

3. Mailing Address

11 A. MAX BREWER MEADOWS HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State  
TITUSVILLE, FL

City & State

FL

32796

Zip  
32796

Country  
Brevard

Zip

Country

4. FEI Number

65-0586671

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

FEINBERG, JEFFREY  
4651 SHERIDAN STREET  
SUITE 300  
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.

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	D	<input type="checkbox"/> Delete
NAME	GAVIN, THOMAS H	
STREET ADDRESS	500 SOUTH SURF ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAIGER, LAURIE L	
STREET ADDRESS	500 SOUTH SURF ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAVIN, DALE R	
STREET ADDRESS	500 SOUTH SURF ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAGERSTRON, DAVID K.	
STREET ADDRESS	6501 SW 17TH ST	
CITY-ST-ZIP	POMPANO FL 33068	
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
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
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:

*Thomas H. Gavin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)