

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052466

1. Entity Name

ORIOLE AT STONECREST, INC.

Principal Place of Business

1690 SOUTH CONGRESS AVENUE
SUITE 200
DELRAY BEACH FL 33445

Mailing Address

1690 SOUTH CONGRESS AVENUE
SUITE 200
DELRAY BEACH FL 33445

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 65-0612267

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

PIVINSKI, JOSEPH
1690 SOUTH CONGRESS AVENUE
SUITE 200
DELRAY BEACH FL 33445

Name Pivinski, Joseph
C/O Oriole Homes Corp.
Street Address (P.O. Box Number is Not Acceptable)
1690 South Congress Avenue Ste 200

City Delray Beach FL Zip Code 33445

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, 2001 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

TITLE C/D
NAME LEVY, RICHARD D ☐ Delete
STREET ADDRESS 1690 S. CONGRESS AVENUE STE. 200
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE P/D
NAME LEVY, MARK A ☐ Delete
STREET ADDRESS 1690 S. CONGRESS AVENUE STE. 200
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VT
NAME PIVINSKI, JOSEPH ☐ Delete
STREET ADDRESS 1690 S. CONGRESS AVENUE STE. 200
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE S/D
NAME LEVY, HARRY A ☐ Delete
STREET ADDRESS 1690 S. CONGRESS AVENUE STE. 200
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Pivinski

3/26/2001

561-274-2000

Date

Daytime Phone #

0313939

CR2E034 (10/00)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90369 028 ***150.00

100510



DO NOT WRITE IN THIS SPACE