

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083734

1. Entity Name

G.L. HOMES OF SILVER LAKES XXVII CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90297 002 ***158.75

Principal Place of Business		Mailing Address	
1. UNIVERSITY DRIVE 200 SPRINGS FL 33071		1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-6088	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRANT, MARK F 200 EAST BROWARD BLVD. 15TH FLOOR FT. LAUDERDALE FL 33301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0655279	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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.

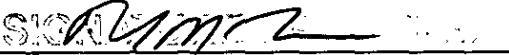
SIGNATURE DATE
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZRATTI, ITZHAK		NAME	
STREET ADDRESS	1401 UNIVERSITY DR.,STE.200		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANT, ALAN		NAME	
STREET ADDRESS	1401 UNIVERSITY DR., STE.200		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, RICHARD		NAME	
STREET ADDRESS	1401 UNIVERSITY DR., STE.200		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZRATTI, MOSHE		NAME	
STREET ADDRESS	1401 UNIVERSITY DRIVE, STE.200		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORWALK, RICHARD		NAME	
STREET ADDRESS	1401 UNIVERSITY DR. STE.200		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARKIN, RICHARD		NAME	
STREET ADDRESS	1401 UNIVERSITY DR, STE 200		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL 33071		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.

CR2E034 (9/99)

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

04/25/00

954-753-1730

Date

Daytime Phone #