

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025866

1. Entity Name

T. HOBBS LAND GROUP, INC.

FILED

Mar 25, 2000 8:00 am  
Secretary of State

03-25-2000 90005 039 \*\*\*150.00

Principal Place of Business

Mailing Address

800 N.W. 62ND STREET, SUITE 200  
C/O JACOBSEN, COHEN & COHEN, P.A.  
FORT LAUDERDALE FL 33309

800 N.W. 62ND STREET, SUITE 200  
C/O JACOBSEN, COHEN & COHEN, P.A.  
FORT LAUDERDALE FL 33309-2056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0665627

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

COHEN, STEVEN E  
800 N.W. 62ND STREET, SUITE 200  
C/O JACOBSEN, COHEN & COHEN, P.A.  
FORT LAUDERDALE FL 33309

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 V  
NAME COHEN, STEVEN E  
STREET ADDRESS 800 N.W. 62ND STREET, SUITE 200  
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE T  
NAME TAYLOR, ROGER  
STREET ADDRESS 5030 SOUTHWEST 168TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33331 ☐ Delete

TITLE S  
NAME WEISMAN, WILLIAM  
STREET ADDRESS 2010 CORPORATE BLVD., SUITE 300  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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

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:

*Steven E Cohen* STEVEN E COHEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

754 4916444

Daytime Phone #

CR2E034 (9/99)