

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90054 027 \*\*\*150.00

**DOCUMENT # P97000069068**

1. Entity Name

**SAK HOUSING, INC.**

Principal Place of Business

Mailing Address

340 ROYAL POINCIANA WAY  
 SUITE 305  
 PALM BEACH FL 33460  
 US

340 ROYAL POINCIANA WAY  
 SUITE 305  
 PALM BEACH FL 33480-4094  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0776077**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**HAMLIN, CURTIS D**  
**1205 MANATEE AVENUE WEST**  
**BRADENTON FL 34205**

Name **JAMES C. JENKINS**

Street Address (P.O. Box Number is Not Acceptable)

**340 ROYAL POINCIANA WAY**

**SUITE 305**

City

**PALM BEACH**

**FL**

Zip Code

**33480**

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)

**3-12-00**

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirements 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	KOHL, SIDNEY	340 ROYAL POINCIANA WAY, SUITE 305	PALM BEACH FL 33480	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPDS	JENKINS, JAMES C	340 ROYAL POINCIANA WAY, SUITE 305	PALM BEACH FL 33480	<input type="checkbox"/>	VPOD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	LEVIN, JAMES S	340 ROYAL POINCIANA WAY, SUITE 305	PALM BEACH FL 33480	<input type="checkbox"/>	VPDS				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

**3/12/00**

DATE

**561-833.5050 ext 22**

DAYTIME PHONE #

CR2EN14 (3/97)