

# 2001 UNIFORM BUSINESS REPORT (UBR)

C-10675

**DOCUMENT # P97000098825**  
 1. Entity Name  
**CREATIVE CHOICE HOMES XIV, INC.**  
*Saddlebrook*

**FILED**

01 JAN 17 AM 10:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 4243 NORTHLAKE BLVD., STE. D 4243 NORTHLAKE BLVD., STE. D  
 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410

2. Principal Place of Business Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **65-0795871** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BAROT, DILIP**  
**4243 NORTHLAKE BLVD., STE. D**  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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.   
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>BAROT, DILIP</b> <b>4243 NORTHLAKE BLVD., STE. D</b> <b>PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BAROT, DILIP</b> <b>4243-D NORTHLAKE BLVD</b> <b>PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>WEIR, JOHN F</b> <b>4243-D NORTHLAKE BLVD</b> <b>PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WHEAT, TIMOTHY P</b> <b>4243-D NORTHLAKE BLVD</b> <b>PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KAKKAR, YASHPAL</b> <b>4243-D NORTHLAKE BLVD</b> <b>PALM BEACH GARDENS FL 33410</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700003576637--0</b> <b>-01/26/01--01061--008</b> <b>****158.75 ****158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Yash Pal Kakkar*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Yash Pal Kakkar**  
 Date: **1-9-01** Daytime Phone #: **561 627-7988**

CR2E034 (10/00)