

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90087 039 \*\*\*150.00

**DOCUMENT # P98000069347**

1. Entity Name

**APPLIED BUILDING DEVELOPMENT OF ORLANDO - S.T.,**

Principal Place of Business

Mailing Address

**8888 S. APOPKA-VINELAND RD.  
ORLANDO FL 32836****8933 S. APOPKA-VINELAND RD.  
ORLANDO FL 32836-5722**

2. Principal Place of Business

3. Mailing Address

**8000 The Esplanade**  
Suite, Apt. #, etc.**8000 The Esplanade**  
Suite, Apt. #, etc.City & State  
**ORLANDO, FL**City & State  
**ORLANDO, FL**Zip  
**32836** CountryZip  
**32836** Country4. FEI Number  
**59-3527754**Applied For  
☐ Not Applicable5. 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

**KOHN, DAVID****8933 S. APOPKA-VINELAND RD.  
ORLANDO FL 32836****8000 The Esplanade**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**GUERON, DAN**  
**330 W. 58TH ST., SUITE 5E**  
**NEW YORK NY 10019** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**8000 The Esplanade**  
**Orlando, FL 32836**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SCHIFF, AKIVA**  
**330 W. 58TH ST., SUITE 5E**  
**NEW YORK NY 10019** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**8000 The Esplanade**  
**Orlando, FL 32836**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**KOHN, DAVID**  
**8933 S APOPKA VINELAND RD**  
**ORLANDO FL 32836** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**8000 The Esplanade**  
**Orlando, FL 32836**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-18-00****407-370-6400**

CR2E034 (9/99)