

2000 UNIFORM BUSINESS REPORT (UBR)

003311

DOCUMENT # P98000071846

1. Entity Name

THE AVATAR GROUP HOLDING, INC.

FILED

00 MAR -1 PM 3:38

Principal Place of Business

Mailing Address

ONE INDEPENDENT DRIVE, SUITE 3303
JACKSONVILLE FL 32202

ONE INDEPENDENT DRIVE, SUITE 3303
JACKSONVILLE FL 32202-5027

[Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
10151 DEERWOOD PK BLVD

3. Mailing Address
10151 DEERWOOD PK BLVD



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
BLDG 200, Suite 250

Suite, Apt. #, etc.
BLDG 200, Suite 250

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number 59-3533254

Applied For
Not Applicable

Zip 32256 Country DOVA

Zip 32254 Country DOVA

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

KIRCHER, SALLY J
KIRCHER & VAIL, P.A.
ONE INDEPENDENT DRIVE, SUITE 3303
JACKSONVILLE FL 32202

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. (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	PD	<input type="checkbox"/> Delete
NAME	PINES, ALBERT	
STREET ADDRESS	7728 WHITE WILL CT	
CITY-ST-ZIP	SPRINGFIELD VA 22153-2147	
TITLE	STD	<input type="checkbox"/> Delete
NAME	POWELL, MARGARET	
STREET ADDRESS	3965 GADSDEN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	STITES, DOUGLAS	
STREET ADDRESS	7512 EPSILON DRIVE	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINER, DAVID	
STREET ADDRESS	52 BROOKVIEW TERRACE	
CITY-ST-ZIP	HILLSDALE NJ 07642-1215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00 904.356.8415
Date Daytime Phone #

CR2E034 (9/99)