

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90541 039 ***150.00

DOCUMENT # P98000071846

1. Entity Name
THE AVATAR GROUP HOLDING, INC.



Principal Place of Business
**10151 DEERWOOD PARK BLVD.
BLDG. 200, SUITE 250
JACKSONVILLE FL 32256**

Mailing Address
**10151 DEERWOOD PARK BLVD.
BLDG. 200, SUITE 250
JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3533254**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PINES, ALBERT**
STREET ADDRESS **7723 WHITE WILLOW**
CITY-ST-ZIP **SPRINGFIELD VA 22153-2147**

TITLE **STD** ☐ Delete
NAME **POWELL, MARGARET**
STREET ADDRESS **3965 GADSDEN DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete
NAME **STITES, DOUGLAS**
STREET ADDRESS **7512 EPSILON DRIVE**
CITY-ST-ZIP **GAITHERSBURG MD 20879**

TITLE **D** ☒ Delete
NAME **WEINER, DAVID**
STREET ADDRESS **52 BROOKVIEW TERRACE**
CITY-ST-ZIP **HILLSDALE NJ 07642-1215**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7728 white willow Dr**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date Daytime Phone #

CR2E034 (10/02)