

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90051 010 ***150.00

0472515 AV

DOCUMENT # P98000090804

1. Entity Name

LUXOR HOMES, INC.

Principal Place of Business

**101 SPANISH MOSS ROAD
DAVENPORT FL 33837**

Mailing Address

**101 SPANISH MOSS ROAD
DAVENPORT FL 33837**

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 **59-3537783**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****SCOTT, MARK****101 SPANISH MOSS ROAD
DAVENPORT FL 33837****7. Name and Address of New Registered Agent**

Name

BRANDON, JACK

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

130 EAST CENTRAL AVE.

City

LAKE WALES**FL**

Zip Code

33853

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

JACK BRANDON**1/28/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **MT** ☐ Delete
NAME **LEWO, JOE**
STREET ADDRESS **101 SPANISH MOSS ROAD**
CITY-ST-ZIP **DAVENPORT FL 33837**TITLE **DVAS** ☐ Delete
NAME **SCOTT, MARK**
STREET ADDRESS **101 SPANISH MOSS ROAD**
CITY-ST-ZIP **DAVENPORT FL 33837**TITLE **AS** ☐ Delete
NAME **BRANDON, JACK**
STREET ADDRESS **130 E. CENTRAL AVE**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE **S** ☒ Delete
NAME **DIEHL, ROBERT J JR.**
STREET ADDRESS **100 RENAISSANCE CENTER**
CITY-ST-ZIP **DETROIT MI 48243**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **BRANDON, JACK**
CITY-ST-ZIP **130 E. CENTRAL AVE.**
LAKE WALES, FL 33853TITLE ☐ Change ☒ Addition
NAME **AS**
STREET ADDRESS **LOU, GERALD**
CITY-ST-ZIP **101 SPANISH MOSS ROAD**
DAVENPORT, FL 33837TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**GERALD LOU** **2/1/02** **863-424-6000**

Date

Daytime Phone #

CR2E034 (9/01)