

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000101208**

1. Entity Name

CLASSIC DESIGNER HOMES AT HERON BAY, INC.**FILED**
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90088 009 ***150.00

Principal Place of Business

**C/O SANDRA G. KRAWITZ, ESQ.
1900 GLADES RD., STE. 357
BOCA RATON FL 33431**

Mailing Address

**C/O SANDRA G. KRAWITZ, ESQ.
1900 GLADES RD., STE. 357
BOCA RATON FL 33431***R*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0886955

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**KRAWITZ, SANDRA G ESQ.
1900 GLADES RD., STE. 357
BOCA RATON FL 33431**

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	KRAWITZ, HAROLD	
STREET ADDRESS	1900 GLADES RD., STE. 357	
CITY-ST-ZIP	BOCA RATON FL 33431	

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

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

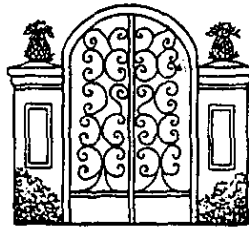
7/10/00

561 395 2750

CR2E034 (5/00)

P9800001 208

#0068142



CLASSIC

Designer Homes, Inc.

July 10, 2000

VIA CERTIFIED MAIL
Z 318 489 365

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: FEIN Number 65-0886955

To Whom It May Concern:

Please accept this letter as notice that we did not receive the first Uniform Business Report and/or Annual Report. As per my conversation with Kelly on July 10, 2000 enclosed please find a check in the amount of \$150.00, which is the amount due with the fee waived.

If you should have any questions or need any additional information, please do not hesitate to contact me at the number listed below.

Thank you,


Harold Krawitz
President

HK/db