

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90204 001 \*\*\*150.00  
 02-15-2001 90204 002 \*\*\*\*\*8.75

**61596**



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P98000101208</b> 1. Entity Name <b>CLASSIC DESIGNER HOMES AT HERON BAY, INC.</b>																																																													
Principal Place of Business <b>C/O SANDRA G. KRAWITZ. ESQ.                  1900 GLADES RD., STE. 357                  BOCA RATON FL 33431</b>		Mailing Address <b>C/O SANDRA G. KRAWITZ. ESQ.                  1900 GLADES RD., STE. 357                  BOCA RATON FL 33431</b>																																																											
2. Principal Place of Business <b>SUITE 615                  3111 UNIVERSITY DRIVE                  CORAL SPRINGS, FL 33065</b>		3. Mailing Address <b>SUITE 615                  3111 UNIVERSITY DRIVE                  CORAL SPRINGS, FL 33065</b>																																																											
Zip <b>33065</b>	Country	Zip <b>33065</b>	Country																																																										
4. FEI Number <b>65-0886955</b>		Applied For <input type="checkbox"/> Not Applicable																																																											
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																													
6. Name and Address of Current Registered Agent <b>KRAWITZ, SANDRA G ESQ.                  1900 GLADES RD., STE. 357                  BOCA RATON FL 33431</b>		7. Name and Address of New Registered Agent Name <b>(Same)</b> Street Address (P.O. Box Number is Not Acceptable) <b>3111 UNIVERSITY DRIVE                  SUITE 615</b> City <b>CORAL SPRINGS, FL 33065</b> <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																													
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																																																											
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																											
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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.																																																													
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																													
<small>Date Daytime Phone #</small>																																																													

CR2E034 (10/00)