

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000009244**

1. Entity Name

SILVER RIDGE FAMILY HOMES, INC. ✓**FILED****Sep 11, 2000 8:00 am**
Secretary of State

09-11-2000 90019 038 ***558.75

Principal Place of Business

6500 S.W. 5TH PLACE
MARGATE FL 33068

Mailing Address

6500 S.W. 5TH PLACE
MARGATE FL 33068

2. Principal Place of Business

421 SW 64TH TER.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MARGATE FLA.

City & State

Zip

Country

33068

U.S.A.

Zip

Country

4. FEI Number

65-0890838

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CARBERRY, DONALD
6500 S.W. 5TH PLACE
MARGATE FL 33068

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS CARBERRY, DONALD
CITY-ST-ZIP 6500 S.W. 5TH PLACE
MARGATE FL 33068TITLE ☐ Delete
NAME D
STREET ADDRESS HENRIQUES, ROBERT
CITY-ST-ZIP 6500 S.W. 5TH PLACE
MARGATE FL 33068TITLE ☐ Delete
NAME D
STREET ADDRESS REYNOLDS, NOVELETTE
CITY-ST-ZIP 6500 S.W. 5TH PLACE
MARGATE FL 33068TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00 (954) 956-7200
Date Daytime Phone #

CR2E034 (5/00)