

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90224 017 \*\*\*150.00

**DOCUMENT # P99000024457**

1. Entity Name

**WATERLINE HOMES, INC.**

Principal Place of Business

Mailing Address

100 N.E. THIRD AVENUE  
 SUITE 610  
 FORT LAUDERDALE FL 33301

100 N.E. THIRD AVENUE  
 SUITE 610  
 FORT LAUDERDALE FL 33301-1165

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

65-0912147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**TESCHER, HOWARD A ESQ.**  
**100 N.E. THIRD AVENUE**  
**SUITE 610**  
**FORT LAUDERDALE FL 33301**

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director <input type="checkbox"/> Delete
NAME	Craig Perry
STREET ADDRESS	100 N.E. Third Avenue #610
CITY-ST-ZIP	Fort Laud, FL 33301
TITLE	Vice President/Director <input type="checkbox"/> Delete
NAME	Jay Kirtman
STREET ADDRESS	100 N.E. Third Avenue #610
CITY-ST-ZIP	Fort Laud, FL 33301
TITLE	Vice President/Director <input type="checkbox"/> Delete
NAME	Steven Lippman
STREET ADDRESS	100 N.E. Third Avenue #610
CITY-ST-ZIP	Fort Laud, FL 33301
TITLE	Secretary, Treasurer/Director <input type="checkbox"/> Delete
NAME	Howard Tescher
STREET ADDRESS	100 N.E. Third Avenue #610
CITY-ST-ZIP	Fort Laud, FL 33301
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

CR2E034 (9/99)

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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 Signature and typed or printed name of signing officer or director

Howard Tescher, Sec.

4-25-00

954-467-1964

Date

Daytime Phone #