

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000025304**1. Entity Name
UNITED BUILDERS CORPORATION

Principal Place of Business 2450 HOLLYWOOD BLVD., STE. 503 HOLLYWOOD FL 33020	Mailing Address 2450 HOLLYWOOD BLVD., STE. 503 HOLLYWOOD FL 33020
---	---

2. Principal Place of Business ONE OAKWOOD BOULEVARD	3. Mailing Address ONE OAKWOOD BOULEVARD
---	---

Suite, Apt. #, etc. SUITE 195	Suite, Apt. #, etc. SUITE 195
----------------------------------	----------------------------------

City & State HOLLYWOOD FL	City & State HOLLYWOOD FL
------------------------------	------------------------------

Zip 33020	Country	Zip 33020	Country
--------------	---------	--------------	---------

4. FEI Number 65-0904171	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**PFEFFER OLIVER B**
C/O TRIAD HOUSING PARTNERS
2450 HOLLYWOOD BLVD., STE. 503
HOLLYWOOD FL 33020 US**7. Name and Address of New Registered Agent**

Name PFEFFER OLIVER B
Street Address (P.O. Box Number is Not Acceptable) C/O TRIAD HOUSING PARTNERS
ONE OAKWOOD BOULEVARD, SUITE 195
City HOLLYWOOD FL
Zip Code 33020

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 _____ **01/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PFEFFER OLIVER B ONE OAKWOOD BOULEVARD, SUITE 195 HOLLYWOOD FL 33020 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REICH DAVID M ONE OAKWOOD BOULEVARD, SUITE 195 HOLLYWOOD FL 33020 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHULTZ DAVID A ONE OAKWOOD BOULEVARD, SUITE 195 HOLLYWOOD FL 33020 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUKNEY RANDALL ONE OAKWOOD BOULEVARD, SUITE 195 HOLLYWOOD FL 33020 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: OLIVER B. PFEFFER**S****01/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

RANDALL BAUKNEY, PRESIDENT
ONE OAKWOOD BOULEVARD, SUITE 195
HOLLYWOOD, FL 33020