

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90992 009 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P99000030883

**1. Entity Name**  
 COUNTRY LAKE HOMES HOLDINGS, INC.

**Principal Place of Business**      **Mailing Address**  
 One Odell Plaza  
 Yonkers, NY 10701

**2. Principal Place of Business**      **3. Mailing Address**  
 One Odell Plaza      One Odell Plaza  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 Yonkers, NY      Yonkers, NY  
**Zip**      **Country**      **Zip**      **Country**  
 10701      USA      10701      USA

**4. FEI Number**      **Applied For**  
 65 0911935      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 Registered Agents of Florida, LLC  
 100 Southeast Second Street  
 3500  
 Miami, FL 33131

**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. Capital Contributions as Shown on record.**      **10. Amount of Capital Contributions in FLORIDA to date.**      **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P 99000030883	NAME MACFARLANE, Robert A. STREET ADDRESS One Odell Plaza CITY-ST-ZIP Yonkers, NY 10701	STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
DOCUMENT #	P 99000030883	NAME CHOWDHURY, KARIM STREET ADDRESS One Odell Plaza CITY-ST-ZIP Yonkers, NY 10701	STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
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NAME			CITY-ST-ZIP	
STREET ADDRESS				

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**            **Robert A. MacFarlane**      4/26/01      (914) 964 3000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)