

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042470

1. Entity Name

AMERICAN PLANTATION HOMES, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90014 016 ***150.00

Principal Place of Business

Mailing Address

~~799 BRICKELL PLAZA~~
~~BRICKELL CENTRE, SUITE 900~~
~~MIAMI FL 33131~~

~~799 BRICKELL PLAZA~~
~~BRICKELL CENTRE, SUITE 900~~
~~MIAMI FL 33131~~

2. Principal Place of Business

3. Mailing Address

6161 Blue Lagoon Drive

6161 Blue Lagoon Drive

Suite, Apt. #, etc.
The Waterford, Suite 350

Suite, Apt. #, etc.
The Waterford, Suite 350

City & State
Miami FL

City & State
Miami FL

Zip
33126

Zip
33126

4. FEI Number
65-0917498

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, BRADFORD A
799 BRICKELL PLAZA
BRICKELL CENTRE, SUITE 900
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

6161 Blue Lagoon Drive
The Waterford, Suite 350

City

Miami

FL

Zip Code
33126

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

Bradford A. Thomas Reg. Agent/Director 4/5/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS, BRADFORD A
799 BRICKELL PLAZA
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6161 Blue Lagoon Drive
The Waterford, Suite 350
Miami, FL 33126 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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 persons empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradford A. Thomas 4/5/2000
Reg. Agent/Director

Date

Daytime Phone #

305-558-8181

CR2E034 (9/99)