

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079410 ✓

Entity Name TEMPLE HOMES, INC.

FILED  
Apr 17, 2000 8:00 am  
Secretary of State  
04-17-2000 90056 038 \*\*\*150.00

Principal Place of Business Mailing Address  
727 North Ocean Boulevard  
Suite 103  
Boca Raton, Florida 33431

Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE  
4. FEI Number 65-0947024 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Filings, Inc.  
3732 NW 16th Street  
Ft. Lauderdale, FL 33311

7. Name and Address of New Registered Agent  
Name D. JUSTIN NILES, P.A.  
Street Address (P.O. Box Number is Not Acceptable) 7301-A W. Palmetto Park Rd.  
Suite 305-C  
City Boca Raton FL Zip Code 33433

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) D. Justin Niles  
DATE 4/10/00

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST- ZIP	PST D ALAN Z. STAHLER 2727 N. Ocean Blvd., Suite 103 Boca Raton, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	P D ALAN Z. STAHLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2727 N. Ocean Blvd., Suite 103 Boca Raton, FL 33431
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP ST. D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition IRA M. HERSCHBEIN 7777 Glades Rd., Suite 209 Boca Raton, FL 33434
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/10/00 Daytime Phone # 561-4790915

CR2E034 (9/99)