

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**  
 01-27-2000 90030 036 \*\*\*150.00

**DOCUMENT # P99000080304**

1. Entity Name

**EMBASSY CUSTOM HOMES, INC.**

Principal Place of Business

229 HANGING MOSS DR.  
 OVIEDO FL 32765

Mailing Address

229 HANGING MOSS DR.  
 OVIEDO FL 32765-9373

2. Principal Place of Business

229 HANGING MOSS DR.

3. Mailing Address

P.O. BOX 622903

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO, FL 32765

City & State

OVIEDO FL

4. FEI Number

59-3598365

Applied For

Not Applicable

Zip

Country

32765

SEMINOLE

Zip

Country

32762

SEMINOLE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVE.  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name SPIEGEL & UTRERA, P.A.  
 Street Address (P.O. Box Number is Not Acceptable)  
 343 ALMERIA AVE.  
 City CORAL GABLES FL Zip Code 33134

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

TITLE PSTD  
 NAME JORDAN, LARRY  
 STREET ADDRESS 229 HANGING MOSS DR.  
 CITY-ST-ZIP OVIEDO FL 32765 ☐ 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 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Larry Jordan*  
 LARRY JORDAN  
 PRESIDENT

Date

Daytime Phone #

1 - 2000 407-971 9404

CR2E034 (9/99)