

# 2002 UNIFORM BUSINESS REPORT (UBR)

0373324 AV

DOCUMENT # V61437

1. Entity Name  
ENGLE HOMES/ATLANTA, INC.

Principal Place of Business

123 N.W. 13TH ST.  
SUITE 300  
BOCA RATON FL 33432

Mailing Address

123 N.W. 13TH ST.  
SUITE 300  
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 FEB 12 AM 9:17

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0357420

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

SHAPIRO, DAVID  
123 NW 13TH STREET  
SUITE 300  
BOCA RATON FL 33432

Name  
JOHN A. KRAYNICK  
Street Address (P.O. Box Number is Not Acceptable)  
123 NW 13 TH ST. SUITE 300  
City BOCA RATON FL Zip Code 33432

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 JOHN A. KRAYNICK, VICE PRESIDENT 2-11-02  
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, 2002 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 DV ☒ Delete  
NAME ENGELSTEIN, ALEC  
STREET ADDRESS 123 N.W. 13 ST, STE 300  
CITY-ST-ZIP BOCA RATON FL

TITLE DV ☐ Change ☒ Addition  
NAME MON, ANTONIO B.  
STREET ADDRESS 4000 HOLLYWOOD BLVD., SUITE 500-N  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE DVST ☒ Delete  
NAME SHAPIRO, DAVID  
STREET ADDRESS 123 N.W. 13 ST, STE 300  
CITY-ST-ZIP BOCA RATON FL

TITLE VST ☐ Change ☒ Addition  
NAME LEIKERT, PAUL  
STREET ADDRESS 123 NW 13TH ST., SUITE 300  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE DV ☐ Delete  
NAME KRAYNICK, JOHN A  
STREET ADDRESS 123 N.W. 13TH ST., #300  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition  
NAME 000005022360  
STREET ADDRESS -02/26/02--01091--014  
CITY-ST-ZIP \*\*\*\*\*158.75 \*\*\*\*\*158.75

TITLE P ☐ Delete  
NAME CRAMB, GUY  
STREET ADDRESS 5500 OAKBROOK PARKWAY  
CITY-ST-ZIP NORCROSS GA 30093

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

TITLE DV ☐ Delete  
NAME MCADEN, TOMMY L  
STREET ADDRESS 123 N.W. 13TH ST., #300  
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE DV ☐ Delete  
NAME DELIKANAKIS, YANNIS  
STREET ADDRESS 123 N.W. 13TH ST., #300  
CITY-ST-ZIP BOCA RATON FL 33432

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

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

PAUL LEIKERT, V.P. 2/11/02 561-391-4012

Date Daytime Phone #

CR2E034 (9/01)