

2002 UNIFORM BUSINESS REPORT (UBR)

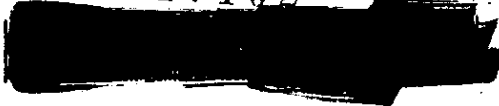
FILED
Jun 06, 2002 8:00 am
Secretary of State

06-06-2002 90085 039 ***158.75

DOCUMENT # 315627

1. Entity Name
AVATAR PROPERTIES INC.

Principal Place of Business 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134 US	Mailing Address 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134 US
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117162


2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 23-1693997	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent KERRIGAN, JUANITA I. 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELS, JONATHAN 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETMAN, DENNIS J. 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KERRIGAN, JUANITA I. 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCNAIRY, CHARLES 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVY, MICHAEL 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELFER, GERALD 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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: *By: JUANITA I. KERRIGAN* **SIGNATURE REQUIRED VP/Secretary** **4/19/02 (305) 442-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

Doc# 315627



AVATAR PROPERTIES INC.
ADDITIONAL OFFICERS:

117162

VP-CENTRAL FL HOME BLDG OPE	WILLIAM COWART
VP	ANTHONY S. IORIO
VP	JEFFREY PASHLEY
CONTROLLER	MICHAEL RAMA
ASST VP	RICHARD P. WEIDA
ASST VP	ROGER WILLIAMS
ASST VP	JOHN JORDAN