

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

0164375

**DOCUMENT # 832355**

1. Entity Name  
**AVATAR HOLDINGS INC.**

05-14-2001 90232 038 \*\*\*158.75

Principal Place of Business <b>201 ALHAMBRA CIRCLE          12TH FL          CORAL GABLES FL 33134-5102</b>	Mailing Address <b>201 ALHAMBRA CIRCLE          12TH FL          CORAL GABLES FL 33134-5102</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>23-1739078</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_

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, 2001 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	<b>V</b>	TITLE	
NAME	<b>GETMAN, DENNIS J.</b>	NAME	
STREET ADDRESS	<b>201 ALHAMBRA CIRCLE 12TH FL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>PD</b>	TITLE	
NAME	<b>KELFER, GERALD D</b>	NAME	
STREET ADDRESS	<b>201 ALHAMBRA CIRCLE 12TH FL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>CD</b>	TITLE	
NAME	<b>LEVY, LEON</b>	NAME	
STREET ADDRESS	<b>201 ALHAMBRA CIRCLE 12TH FL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VT</b>	TITLE	
NAME	<b>MCNAIRY, CHARLES</b>	NAME	
STREET ADDRESS	<b>201 ALHAMBRA CIRCLE 12TH FL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VS</b>	TITLE	
NAME	<b>KERRIGAN, JUANITA I.</b>	NAME	
STREET ADDRESS	<b>201 ALHAMBRA CIRCLE 12TH FL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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)(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: By: *Juanita I. Kerrigan* VP/Sec. **4/19/01** **(305) 442-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*JUANITA I. KERRIGAN*

CR2E034 (10/00)

AVATAR HOLDINGS INC. (DE)  
FLORIDA ANNUAL REPORT  
ADDITIONAL OFFICERS AND DIRECTORS:

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DIRECTOR	WILLIAM G. SPEARS
DIRECTOR	KENNETH T. ROSEN
DIRECTOR	MILTON H. DRESNER
DIRECTOR	MARTIN MEYERSON
DIRECTOR	FRED STANTON SMITH
DIRECTOR	HENRY KING STANFORD
DIRECTOR	GERNOT H. REINERS

*Attachments*

*#32355*  
*00051214*