

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90102 038 \*\*\*150.00

**DOCUMENT # L54776**

1. Entity Name  
**DIVOSTA LAND COMPANY**

Principal Place of Business % OTTO B. DIVOSTA 4500 PGA BLVD STE 400 PALM BEACH GARDENS FL 33418	Mailing Address % OTTO B. DIVOSTA 4500 PGA BLVD STE 400 PALM BEACH GARDENS FL 33418-3965
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2. Principal Place of Business 4500 PGA Blvd. Suite, Apt. #, etc. Suite 303A City & State Palm Beach Gardens, FL 33418	3. Mailing Address 4500 PGA Blvd. Suite, Apt. #, etc. Suite 303A City & State Palm Beach Gardens, FL 33418		
Zip 33418	Country USA	Zip 33418	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0183474</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent DIVOSTA, OTTO B. 4500 PGA BLVD STE 400 PALM BEACH GARDENS FL 33418	7. Name and Address of New Registered Agent Name DiVosta, Otto B. Street Address (P.O. Box Number is Not Acceptable) 4500 PGA Blvd., Suite 303A City Palm Beach Gardens FL Zip Code 33418
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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 **4-12-00**

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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP DIVOSTA, OTTO B. 4500 PGA BLVD #400 PALM BEACH GRDNS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DiVosta, Otto B. 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIVOSTA, BETTY J. 4500 PGA BLVD #400 PALM BEACH GRDNS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DiVosta, Betty J. 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT GALUI, JUDITH M. 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT Galui, Judith M. 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS STEPHANOS, DIANE L. 4500 PGA BLVD, SUITE 400 PLAM BCH GARDENS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Stephanos, Diane L. 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOYD, CATHY D. 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Floyd, Cathy D. 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIVOSTA, GUY 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DiVosta, Guy 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418 <input checked="" 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)(f), 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: DATE: **4-12-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Diane L. Stephanos** Date **561/691-9050** Daytime Phone #

CR2E034 (9/99)