

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003525

1. Entity Name

FEDERAL HIGHWAY PROPERTIES, LLC

FILED

01 MAY -1 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4500 PGA BLVD., STE 303A 207
PALM BEACH GARDENS FL 33418

4500 PGA BLVD., STE 303A 207
PALM BEACH GARDENS FL 33418

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

52-2191405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHANOS, DIANE LYNN
4500 PGA BLVD., STE 303A 207
PALM BEACH GARDENS FL 33418

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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
DIVOSTA CHILDREN'S TRUST HOLDINGS, LTD.
STREET ADDRESS 4500 PGA BOULEVARD, SUITE 303A 207
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS 500004271965--3
CITY-ST-ZIP -05/18/01--01115--022
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Diane F. Stephanos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-24-01

561-691-9050

CR2E083 (11/00)

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