

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000097805**

1. Entity Name

HARMONY OF HOBE SOUND, INC.**FILED****May 02, 2000 8:00 am**
Secretary of State

05-02-2000 90102 039 ***150.00

Principal Place of Business

Mailing Address

4500 PGA BLVD.
SUITE 400
BEACH GARDENS FL 334184500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418-3965

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4500 PGA Blvd.

Suite, Apt. #, etc.
Suite 303ACity & State
Palm Beach Gardens, FLZip
33418Country
USA

3. Mailing Address

4500 PGA Blvd.

Suite, Apt. #, etc.
Suite 303ACity & State
Palm Beach Gardens, FLZip
33418Country
USA4. FEI Number **65-0634088**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**DIVOSTA, OTTO B
4500 PGA BLVD.
SUITE 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**

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

4-12-00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☒ Delete
NAME **DIVOSTA, OTTO B**
STREET ADDRESS **4500 PGA BLVD., SUITE 400**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**TITLE **P** ☒ Delete
NAME **SHANNON, WILLIAM E.**
STREET ADDRESS **4500 PGA BOULEVARD, SUITE 400**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**TITLE **VST** ☒ Delete
NAME **JACK B. OWEN, JR.**
STREET ADDRESS **4500 PGA BOULEVARD, SUITE 40**
CITY-ST-ZIP **PALM BEACH GARDENS FL**TITLE **V** ☒ Delete
NAME **GREENE, RICHARD E.**
STREET ADDRESS **4500 PGA BLVD, SUITE 400**
CITY-ST-ZIP **PALM BCH GARDENS FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **DP** ☒ Change ☐ Addition
NAME **DIVOSTA, OTTO B.**
STREET ADDRESS **4500 PGA Blvd., Suite 303A**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VST** ☒ Change ☐ Addition
NAME **OWEN, JACK B. JR.**
STREET ADDRESS **4500 PGA Blvd., Suite 303A**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jack B. Owen, Jr. VP

Date

4-12-00

Daytime Phone #

561/691-9050

CR2E034 (9/99)