

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G33108

1. Entity Name

FLORIDA PROPERTIES OF THE PALM BEACHES, INC.

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

05-02-2000 90102 036 \*\*\*150.00

Principal Place of Business

Mailing Address

4500 PGA BLVD STE 400  
 PALM BCH. GAR. FL 33418

4500 PGA BLVD STE 400  
 PALM BCH. GAR. FL 33418-3965

2. Principal Place of Business

4500 PGA BLVD.  
 Suite, Apt. #, etc.  
 SUITE 303A

3. Mailing Address

4500 PGA BLVD.  
 Suite, Apt. #, etc.  
 Suite 303A

City & State  
 Palm Beach Gardens, FL

City & State  
 Palm Beach Gardens, FL

Zip  
 33418

Country  
 USA

Zip  
 33418

Country  
 USA

4. FEI Number 59-2295346

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAIRALLA, ROBERT S  
 4500 PGA BLVD #400  
 PALM BCH. GAR. FL 33418

Name  
 DiVosta, Guy M.

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]*  
 Signature, typed or printed name of registered agent and title if applicable.  
 Guy M. DiVosta, President

(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, 2000 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 PD  
 NAME HATHAWAY, CHARLES H.  
 STREET ADDRESS 4500 PGA BLVD #400  
 CITY-ST-ZIP PALM BCH. GAR. FL 33418 ☒ Delete

TITLE PD  
 NAME DIVOSTA, GUY M.  
 STREET ADDRESS 4500 PGA BLVD., Suite 303A  
 CITY-ST-ZIP Palm Beach Gardens, FL 33418 ☐ Change ☒ Addition

TITLE V  
 NAME KAIRALLA, ROBERT S.  
 STREET ADDRESS 4500 PGA BLVD #400  
 CITY-ST-ZIP PALM BCH. GAR. FL 33418 ☒ Delete

TITLE V  
 NAME KAIRALLA, ROBERT S.  
 STREET ADDRESS 4500 PGA BLVD., Suite 303A  
 CITY-ST-ZIP Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition

TITLE VST  
 NAME TROTTA, GLEN T.  
 STREET ADDRESS 4500 PGA BLVD., SUITE 400  
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Guy M. DiVosta

Date

Daytime Phone #

561/691-9050

CR2E034 (9/99)