

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L54776

1. Entity Name

DIVOSTA LAND COMPANY

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

05-02-2000 90102 038 ***150.00

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0183474

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 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

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DIVOSTA, OTTO B.	
STREET ADDRESS	4500 PGA BLVD #400	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	DIVOSTA, BETTY J.	
STREET ADDRESS	4500 PGA BLVD #400	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	VAT	<input checked="" type="checkbox"/> Delete
NAME	GALUI, JUDITH M.	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	STEPHANOS, DIANE L.	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FLOYD, CATHY D.	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DIVOSTA, GUY	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	
CITY-ST-ZIP	PALM BCH GARDENS FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DiVosta, Otto B.	
STREET ADDRESS	4500 PGA BLVD., Suite 303A	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DiVosta, Betty J.	
STREET ADDRESS	4500 PGA BLVD., Suite 303A	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	VAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Galui, Judith M.	
STREET ADDRESS	4500 PGA BLVD., Suite 303A	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephanos, Diane L.	
STREET ADDRESS	4500 PGA BLVD., Suite 303A	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Floyd, Cathy D.	
STREET ADDRESS	4500 PGA BLVD., Suite 303A	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DiVosta, Guy	
STREET ADDRESS	4500 PGA BLVD., Suite 303A	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Diane L. Stephanos

Date

561/691-9050

CR2E034 (9/99)