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		Mailing Address								
% OTTO B. DIVOSTA 4500 PGA BLVD STE 400 PALM BEACH GARDENS FL 33418		% OTTO B. DIVOSTA 4500 PGA BLVD STE 400 PALM BEACH GARDENS FL 33418-3965			1 EE11 10 11 40	1 4 1123 818 14 (4817 11	anja dili S(B() B(A	II AIĀIF ĀIĀIT ĀIĀI	1 #1 0 21 2 88 1	
9 Dringing Di	and of Business	3. Mailing Address	a Address							
2. Principal Place of Business 4500 PGA Blvd.		4500 PGA Blvd.					FOLD BILL BURL BU	ii s esii bibii bibi	 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT W	RITE IN THIS	SPACE		
Suite 303A		Suite 303A								
City & State		City & State		- 4	4. FEI Number	65-01834	 474	Ар	plied For	
Palm Beach Gardens, FL 23419		Palm Beach Ga				05 0 105		. No	t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional						
33418	USA	33418	<u>USA</u>	Fee Hequired						
	6. Name and Address of Current R		7. Name and Address of New Registered Agent							
			Name	Name DiVosta, Otto B.						
	sta, otto B. Pga BLVD ste 400		ddress (P.C	iress (P.O. Box Number is Not Acceptable)						
	BEACH GARDENS FL 33418			4500 PGA Blvd., Suite 303A						
			City	Palm 1	Beach Ga	rdens	FL	Zip Code		
8. The above name entiry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.										
SIGNATURE _	11 / 14 19				4-12-0	ン				
Signature, type or priviled name defective and title if applicable. (NOTE, Registered Agent signature required when reinstatung) DATE										
•	ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00	Trust	ion Campaign Fund Contribu	~ -		O May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/C	HANGES TO C	OFFICERS AND	DIRECTORS	3 IN 11	
TITLE	DP	Delete	TITLE	DP				Change	Addition	
NAME	DIVOSTA, OTTO B.	-	NAME DiVos			osta, Otto B.				
STREET ADDRESS	4500 PGA BLVD #400				4500 PGA BLVD., Suite 303A					
CITY-ST-ZIP	PALM BEACH GRDNS FL CITY-			Palm Beach Gardens, FL 33418						
TITLE	DST	💂 Delete	TITLE	DST					☐ Addition \	
NAME	DIVOSTA, BETTY J.		NAME	DiVos	ta, Bett	y J.			1	
STREET ADDRESS	4500 PGA BLVD #400		STREET ADDRESS CITY-ST-ZIP	4500 PGA BLVD., Suite 303A						
CITY-ST-ZIP	PALM BEACH GRONS FL		-	Palm 1	Beach Ga	rdens, F	<u>L 33418</u>	Character Character	Addition	
TITLE	VAT	X Delete	THTLE	VAT				🛣 Change	LJ AUUILIUN	
NAME STREET ADDRESS	GALUI, JUDITH M. 4500 PGA BLVD, SUITE 400		NAME STREET ADDRESS		, Judith					
CITY-ST-ZIP	PALM BCH GARDENS FL		CITY-ST-ZIP	1	PGA BLVD					
	VAS	反 Delete	TITLE		Beach Ga	rdens, F	'L 33418	★ Change	Addition	
TITLE NAME	STEPHANOS, DIANE L.	i X i ⊓eiere	NAME	VAS	Di	ama T				
STREET ADDRESS	4500 PGA BLVD, SUITE 400		STREET ADDRESS	4500 1	anos, Dia PGA BLVD	ane L. Suite	303A			
CITY-ST-ZIP	PLAM BCH GARDENS FL		CITY-ST-ZIP	Palm Beach Gardens, FL 33418						
TITLE	V	Z Delete	TITLE	V				Change	Addition	
NAME	FLOYD, CATHY D.		NAME	1 '	, Cathy	D.				
STREET ADDRESS	4500 PGA BLVD, SUITE 400		STREET ADDRESS		PGA BLVD		303A		Į	
CITY-ST-ZIP	PALM BCH GARDENS FL		CITY-ST-ZIP	L .	Beach-Ga	-				
TITLE	V DIVOSTA CLIV	Delete	TITLE	V		•			Addition	
NAME	DIVOSTA, GUY		NAME	1	ta, Guy				ĺ	
STREET ADDRESS	4500 PGA BLVD, SUITE 400		STREET ADDRESS CITY-ST-ZIP		PGA BLVD					
TABLE BOTT WITGETTO TE					Beach Ga				oformation	
13. Thereby certify that the information supplied with this filling 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 path; that I am an officer or director										

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it am an officer of 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:

NATURE AND TYPED ON PRINTED NAME OF S Diane I Stephanos

4-12-00

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