

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097924

1. Entity Name

HOBE SOUND RANCH, INC.

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

05-02-2000 90102 040 ***150.00

Principal Place of Business 4500 PGA BLVD. STE 400 PALM BEACH GARDENS FL 33418	Mailing Address 4500 PGA BLVD. STE 400 PALM BEACH GARDENS FL 33418-3965
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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



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0634095	Applied For <input type="checkbox"/> Not Applicable
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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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DIVOSTA, OTTO B 4500 PGA BLVD. STE 400 PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIVOSTA, BETTY J. 4500 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT GALUI, JUDTH M. 4500 PGA BLVD, USITE 400 PALM BCH GARDENS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS STEPHANOS, DIANE L. 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOYD, CATHY D. 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIVOSTA, CATHY D. 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIVOSTA, OTTO B. 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIVOSTA, BETTY J. 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT GALUI, JUDITH M. 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS STEPHANOS, DIANE L. 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOYD, CATHY D. 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIVOSTA, GUY M. 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane L. Stephanos

4-12-00

Date

561/691-9050

Daytime Phone #

CR2E034 (9/99)