

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90102 043 ***150.00

DOCUMENT # L09351

1. Entity Name
VINTAGE OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

C/O OTTO B. DIVOSTA
 4500 PGA BLVD STE 400
 PALM BEACH GARDENS FL 33418

C/O OTTO B. DIVOSTA
 4500 PGA BLVD STE 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 303A

City & State
 Palm Beach Gardens, FL

Zip Country
 33418 USA

3. Mailing Address

4500 PGA Blvd.

Suite, Apt. #, etc.
 Suite 303A

City & State
 Palm Beach Gardens, FL

Zip Country
 33418 USA

4. FEI Number **65-0055060**

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

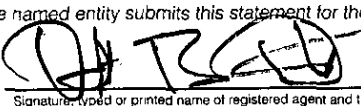
Name
 DIVOSTA, OTTO B.

Street Address (P.O. Box Number is Not Acceptable)

4500 PGA Blvd., Suite 303A

City Zip Code
 Palm Beach Gardens FL 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
 NAME DIVOSTA, OTTO B.
 STREET ADDRESS 4500 PGA BLVD #400
 CITY-ST-ZIP PALM BCH. GRDNS FL ☒ Delete

TITLE ST
 NAME OWEN, JACK B. JR.
 STREET ADDRESS 4500 PGA BLVD., SUITE 400
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☒ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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 ST ☒ Change ☐ Addition
 NAME OWEN, JACK B. JR.
 STREET ADDRESS 4500 PGA Blvd., Suite 303A
 CITY-ST-ZIP Palm Beach Gardens, FL 33418

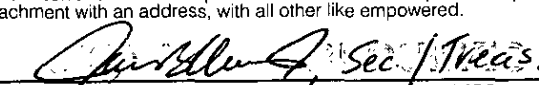
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack B. Owen, Jr., Secretary/Treasurer

4-12-00

Date

561/691-9050

Daytime Phone #

CR2E034 (9/99)