

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 91161 048 ***150.00

DOCUMENT # P99000054859

1. Entity Name

DIVOSTA CHILDREN TRUST HOLDINGS, INC.

Principal Place of Business

**4500 PGA BLVD. SUITE 303A
PALM BEACH GARDENS FL 33418**

Mailing Address

**4500 PGA BLVD. SUITE 303A
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

4500 PGA Blvd.

3. Mailing Address

4500 PGA Blvd.Suite, Apt. #, etc.
Suite 207Suite, Apt. #, etc.
Suite 207City & State
Palm Beach Gardens, FLCity & State
Palm Beach Gardens, FL4. FEI Number **65-0930808**Applied For
Not ApplicableZip
33418Country
USAZip
33418Country
USA5. 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****STEPHANOS, DIANE L
4500 PGA BLVD, SUITE 303A
PALM BEACH GARDENS FL 33418**

Name

Stephanos, Diane L.Street Address (P.O. Box Number is Not Acceptable)
4500 PGA Blvd., Suite 207

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, 2001 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 **D** ☐ Delete
NAME **GALUI, JUDITH M**
STREET ADDRESS **4500 PGA BLVD, SUITE 303A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**TITLE **D** ☒ Change ☐ Addition
NAME **GALUI, JUDITH M.**
STREET ADDRESS **4500 PGA Blvd., Suite 207**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**TITLE **D** ☐ Delete
NAME **STEPHANOS, DIANE L**
STREET ADDRESS **4500 PGA BLVD, SUITE 303A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**TITLE **D** ☒ Change ☐ Addition
NAME **STEPHANOS, DIANE L.**
STREET ADDRESS **4500 PGA Blvd., Suite 207**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**TITLE **D** ☐ Delete
NAME **DIVOSTA FLOYD, CATHY**
STREET ADDRESS **4500 PGA BLVD, SUITE 303A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**TITLE **D** ☒ Change ☐ Addition
NAME **DIVOSTA, FLOYD, CATHY**
STREET ADDRESS **4500 PGA Blvd., Suite 207**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**TITLE **D** ☐ Delete
NAME **DIVOSTA, GUY M**
STREET ADDRESS **4500 PGA BLVD, SUITE 303A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**TITLE **D** ☒ Change ☐ Addition
NAME **DIVOSTA, GUY M.**
STREET ADDRESS **4500 PGA Blvd., Suite 207**
CITY-ST-ZIP **Palm Beach, Gardens, FL 33418**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

4-24-01

561-691-9050

CR2E034 (10/00)