

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L09351**

1. Entity Name

VINTAGE OF THE PALM BEACHES, INC.**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90093 041 ***150.00

Principal Place of Business

**4500 PGA BLVD
STE 303A
PALM BEACH GARDENS FL 33418
US**

Mailing Address

**4500 PGA BLVD
STE 303A
PALM BEACH GARDENS FL 33418
US**

2. Principal Place of Business

4500 PGA Blvd.

3. Mailing Address

4500 PGA Blvd.

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207City & State
Palm Beach Gardens, FLCity & State
Palm Beach Gardens, FL4. FEI Number **65-0055080**
65-0140286

Applied For

Not Applicable

Zip
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****DIVOSTA, OTTO B.
4500 PGA BLVD
STE 303A
PALM BEACH GARDENS FL 33418**Name **DiVosta, Otto B.**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 **DP** ☐ Delete
NAME **DIVOSTA, OTTO B.**
STREET ADDRESS **4500 PGA BLVD STE 303A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**TITLE **DP** ☒ Change ☐ Addition
NAME **DiVosta, Otto B.**
STREET ADDRESS **4500 PGA Blvd., Suite 207**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**TITLE **ST** ☐ Delete
NAME **OWEN, JACK B. JR.**
STREET ADDRESS **4500 PGA BLVD STE 303A**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**TITLE **ST** ☒ Change ☐ Addition
NAME **Owen, Jack B. Jr.**
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
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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: *Jack B. Owen, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01**561-691-9050**

CR2E034 (10/00)