2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM	1 BUSI	NESS REPO	RT (UB	<u>R)</u>		FIL	ED		
DOCUMENT # 24 1. Entity Name DIVOSTA AND COMPANY	÷				Se	01, 20 cretary	\mathbf{v} of \mathbf{S}	State	
1875 L GAT N 2012 No.	,	3			02	-01-2000 9012	29 018 ***	158.75	
Principal Place of Business	<u>_</u>	Mailing Address							
4500 PGA BLVD PALM BEACH GARDENS FL 33418		4500 PGA BLVD PALM BEACH GARDENS FL 33418-3968					ฮ	TIS	0 0
			٠		1 (88//8 (88//	EIGH (BAIL BAIGE (HG) (NII) BYBYI BIBII JY	1811 - Die ns 1 787	
2. Principal Place of Business		3. Malling Address 33 Bloomfield Hills Pkwy.							
Suite, Apt. #, etc.		Suite, Apt. #, etc. #200				DO NOT WRITE	E IN THIS SPA	4CE	
City & State		City & State Bloomfield Hills MI			4. FEI Number	59-0920753			plied For <u>t</u> Aggatica tal
Zip Country	,	Zip 48304	Country USA		5. Certificate of	Status Desired		3.75 Addi e Required	itional
6. Name and Addre	ss of Current Re	gistered Agent	Name		7. Name and A	ddress of New Re	gistered Age	ent 	
CT CORPORATION SYST			Street Address (P.O. Box Number is Not Accept						
1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324			City				FL	Zip Code	i
8. The above named entity submits th	is statement for th	ne purpose of changing its I	registered office	or registere	ed agent, or both,	in the State of Flor	ida.		
SIGNATURE	of registered agent and	title if applicable (NOTE:	: Registered Agent signa	ature required v	when reinstating)		DATE	:	· · · · · · · · · · · · · · · · · · ·
		FILE NOW!			 _				_
1.9. This corporation is eligible to satisfy its Intangible (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		550.00	Trust	ion Campaign Fina Fund Contribution			D May Be to Fees
IDD	FFICERS AND DI		12.	l s	ADDITIONS/CI	HANGES TO OFFIC		IRECTORS Change	S IN 11 K Addition
NAME OF THE DI VOSTA,OTTO B STREET ADDRESS CITY-ST-ZIP TITLE DI VOSTA,OTTO B 4500 PGA BLVD PALM BCH GARDE		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Zukoi 33 B		te R. Hills Pkw Lls, MI 4	y. #200)	A Addition
TITLE NAME ROBINSON, BRUCE E STREET ADDRESS 33 BLOOMFIELD HILLS PKWY, STE 200			TITLE NAME		**see attached list of Change Conficers & directors			Addition	
STREET ADDRESS 33 BLOOMFIELD H		STREET ADDRESS CITY-ST-ZIP			een no ch	anges o	n the	addit	
TITLE VS	14-E >	☐ Delete	TITLE	TTO	m last yea	ir)		Change	Addition
NAME SHANNON, WILLIA STREET ADDRESS 4500 PGA BLVD	MIC .		NAME STREET ADDRESS			-			-
CITY-ST-ZIP PALM BCH GARDE	NS FL		CITY-ST-ZIP	ļ			_	-	
TITLE V NAME OWEN, JACK B. JF STREET ADDRESS 4500 PGA BLVD., S		Delete	TITLE NAME STREET ADDRESS				L	☐ Change	☐ Addition
CITY-ST-ZIP PALM BEACH GAR		3	CITY-ST-ZIP)					
TITLE V NAME HATHAWAY, CHAR	LES H	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS 4500 PGA BLVD CITY-ST-ZIP PALM BCH GARDE	NS FL		STREET ADDRESS CITY-ST-ZIP						
NAME TROTTA, GLEN T STREET ADDRESS 4500 PGA BLVD		☐ Delete	TITLE NAME STREET ADDRESS				C	_ Change	Addition
CITY-ST-ZIP PALM BCH GARDE		is filing does not qualify for	CITY-ST-ZIP	 ated in Sor	ction 119 07/3Vi)	Florida Statutes I	further certify	that the in	nformation

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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:

COTTURE AND TYPED OF PRINTED MANE OF SIGNING OFFICE OF DIRECTOR ASSISTANCE OF SECTE LATV