

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731894

1. Entity Name

HOVIANNA VI APTS., INC.

Principal Place of Business

Mailing Address

% BRAIN RAINHARTSEN  
405 W. MANGO STREET  
LANTANA FL 33462

% BRAIN RAINHARTSEN  
405 W. MANGO STREET  
LANTANA FL 33462-2836

2. Principal Place of Business

3. Mailing Address

402 N D St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 03

City & State

City & State

LAKE WORTH, FL.

Zip

Country

Zip

Country

33460

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAINHARTSEN, BRIAN  
405 W. MANGO STREET  
LANTANA FL 33460

Name

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

City

FL

Zip Code

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

Brian Reinhartsen PD

01/15/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME RAINHARTSEN, BRIAN  
STREET ADDRESS 403 N. "D" STREET, APT. 1  
CITY-ST-ZIP LAKE WORTH FL

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

TITLE SD ☐ Delete  
NAME HOBBY, MELISSA  
STREET ADDRESS 405 W. MANGO STREET  
CITY-ST-ZIP LANTANA FL

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

TITLE TD ☐ Delete  
NAME TAFT, JOHN  
STREET ADDRESS 3570 S. OCEAN BLVD., #606  
CITY-ST-ZIP S. PALM BEACH FL

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

TITLE TD ☐ Delete  
NAME TAFT, LINDA  
STREET ADDRESS 3570 S. OCEAN BLVD., #606  
CITY-ST-ZIP S. PALM BEACH FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Reinhartsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/99

Date

561 547-8722

Daytime Phone #

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90023 044 \*\*\*\*61.25

80000357



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1704500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required