

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007397 AF

DOCUMENT # **A99000000979**

1. Entity Name

DIVOSTA PERPETUITIES TRUST HOLDINGS, LTD.

01 MAY -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4500 PGA BLVD., SUITE 303-A 207
PALM BEACH GARDENS FL 33418

Mailing Address
4500 PGA BLVD., SUITE 303-A 207
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
35-6590930815

APPLIED FOR

Applied For
Not Applicable

Zip

Country

Zip

Country

5. 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 303-A
PALM BEACH GARDENS FL 33418

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

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$9,900,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L99000003526**
NAME **PERPETUITIES TRUST HOLDINGS, LLC**
STREET ADDRESS **4500 PGA BLVD., SUITE 303-A 207**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

STREET ADDRESS

200004272162--9

CITY-ST-ZIP

-05/21/01--01006--001

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)