

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90103 018 \*\*\*150.00

**DOCUMENT # G33108**

1. Entity Name

**FLORIDA PROPERTIES OF THE PALM BEACHES, INC.**

Principal Place of Business

**6500 PGA BLVD.**

**SUITE 207**

**PALM BEACH GARDENS FL 33418**

Mailing Address

**6500 PGA BLVD.**

**SUITE 207**

**PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

**4500 PGA Blvd.**

3. Mailing Address

**4500 PGA Blvd.**

Suite, Apt. #, etc.

**Suite 207**

Suite, Apt. #, etc.

**Suite 207**

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

4. FEI Number

**59-2295346**

Applied For

Not Applicable

Zip

**33418**

Country

**USA**

Zip

**33418**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OWEN, JACK B**

**4500 PGA BLVD**

**SUITE 207**

**PALM BCH. GAR. FL 33418**

7. Name and Address of New Registered Agent

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.

(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, 2002 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

TITLE	V	<input type="checkbox"/> Delete
NAME	<b>KAIRALLA, ROBERT S.</b>	
STREET ADDRESS	<b>6500 PGA BLVD., SUITE 207</b>	
CITY-ST-ZIP	<b>PALM BCH. GAR. FL 33418</b>	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	<b>DIVOSTA, GUY M</b>	
STREET ADDRESS	<b>4500 PGA BLVD SUITE 303A</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33418</b>	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	<b>OWEN, JACK B</b>	
STREET ADDRESS	<b>4500 PGA BLVD., SUITE 207</b>	
CITY-ST-ZIP	<b>PAPLM BEACH GARDENS FL 33418</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4500 PGA Blvd., Suite 207</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4500 PGA Blvd., Suite 207</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Jack B. Owen, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jack B. Owen, Jr. President**

**3/25/02**

Date

**(561) 622-4521**

Daytime Phone #

CR2E034 (9/01)