

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J58295

1. Entity Name

K. HOVNIANIAN AT PASCO II, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90143 002 ***150.00

802049



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% G. STEVEN BRANNOCK 1800 SOUTH AUSTRALIAN AVE., SUITE 400 WEST PALM BEACH FL 33409	% G. STEVEN BRANNOCK 1800 SOUTH AUSTRALIAN AVE., SUITE 400 WEST PALM BEACH FL 33409-6450

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	22-2790300	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BRANNOCK, G. STEVEN 1800 SOUTH AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL

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 _____ (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, 2000 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	D <input type="checkbox"/> Delete
NAME	HOVNIANIAN, KEVORK S.
STREET ADDRESS	29 WARD AVENUE
CITY-ST-ZIP	RUMSON NJ
TITLE	D <input type="checkbox"/> Delete
NAME	HOVNIANIAN, ARA K.
STREET ADDRESS	29 WARD AVENUE
CITY-ST-ZIP	RUMSON NJ
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MASON, TIMOTHY P.
STREET ADDRESS	22 DEVON DRIVE
CITY-ST-ZIP	PISCATAWAY NJ
TITLE	D <input type="checkbox"/> Delete
NAME	REINHART, PETER S.
STREET ADDRESS	2 BAYHILL ROAD
CITY-ST-ZIP	LEONARDO NJ
TITLE	P <input type="checkbox"/> Delete
NAME	RAPAPORT, JON
STREET ADDRESS	1800 S AUSTRALIAN AVE, #400
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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: _____ Jon Rapaport, President 1/5/00 (561)478-0060

CR2E034 (9/99)