

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 23471

1. Entity Name

HOBE SOUND REDEVELOPMENT CORP., INC.

FILED

02 DEC 19 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

800009606278
12/19/02--01112--001 **550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
218 U.S. Highway #1

3. Mailing Address
231 Felspar Ridge

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.

City & State
Tequesta, FL

City & State
Peachtree City, GA

4. FEI Number
65-0157730

Applied For
Not Applicable

Zip
33469

Country
USA

Zip
30269

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jeffrey N. Daversa

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

218 U S Highway #1, Suite 202

City Tequesta

FL

Zip Code
33469

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

Jeffrey N. Daversa

12/12/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
P/D VIRGINIA C. PATRICK
STREET ADDRESS
231 FELSPAR RIDGE
CITY - ST - ZIP
PEACHTREE CITY, GA 30269

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Virginia C. Patrick

12-17-02

678-364-9337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)