## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # L54776**

1. Entity Name

**DIVOSTA LAND COMPANY** 

## FILED May 03, 2001 8:00 am Secretary of State 05-03-2001 90092 038 \*\*\*150.00

Principal Place of Business % OTTO B. DIVOSTA 4500 PGA BLVD STE 303A PALM BEACH GARDENS FL 33418		Mailing Address % OTTO B. DIVOSTA 4500 PGA BLVD STE 303A PALM BEACH GARDENS FL 33418		ľ				
							11 <b>8</b> (8) 18 <b>6</b> 1	
2. Principal Place of Business 4500 PGA Blvd		3. Mailing Address 4500 PGA Blvd.						
Suite, Apt. #, etc. Suite 207		Suite, Apt. #, etc. Suite 207			DO NOT WRITE IN THIS SPACE			
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		4.	FEI Number 65-0183474	74 Applied For Not Applicable		-
Zip Country 33418 USA		Zip 33418			5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current I		Registered Agent	gistered Agent		7. Name and Address of New Registered Agent			1
DIVOSTA, OTTO B. 4500 PGA BLVD STE 303A				Name DiVosta, Otto B. Street Address (P.O. Box Number is Not Acceptable)				
	M BEACH GARDENS FL 33418		<u> </u>	4500 PGA	Blvd., Suite 207			1
			City	Palm Beach	h Gardens,	FL Zip Cod 33418	e	
8. The above	named entity submits this statement f	or the purpose of changing its	registered office of	or registered ac	gent, or both, in the State of Florida		_	
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E; Registered Agent signa	ture 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)		After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St		10. Election Campaign Financi Trust Fund Contribution.	+	<b>0</b> May Be I to Fees	
11.	OFFICERS AND		12.		L DDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11	┨
	DP OITIGERS AINE	<del></del>	TITLE	DP	DEFTIONS/CHANGES TO CITICE	xX Change	Addition	1 3
TITLE	<del>-</del> '	☐ Delete	NAME	1	, Otto B.	ALX Gliange	☐ Youling	1 8
NAME STREET ADDRESS	DIVOSTA, OTTO B.		STREET ADDRESS	4500 PG	A Blvd., Suite 207			[ ]
CITY-ST-ZIP	4500 PGA BLVD #400		CITY-ST-ZIP	Palm Bea	ach Gardens, FL 33418			\ <u>}</u>
CITT-ST-ZIP	PALM BEACH GRDNS FL		<del></del> _	DOM				1 2
TITLE	DST	☐ Delete	TITLE	DST	, Betty J.	xX Change	☐ Addition	2
NAME .	DIVOSTA, BETTY J.		NAME		A Blvd., Suite 207			
STREET ADDRESS	4500 PGA BLVD #400		STREET ADDRESS		ach Gardens, FL 33418			Į
CITY-ST-ZIP	PALM BEACH GRDNS FL		CITY-ST-ZIP					ļ
TITLE	VAT	☐ Delete	TITLE	VAT	T., dieb M	≯⊠ Change	☐ Addition	
NAME	galui, judith M.		NAME		Judith M. A Blvd., Suite 207			l
STREET ADDRESS	4500 PGA BLVD, SUITE 400		STREET ADDRESS	Palm Bea	ach Gardens, FL 33418			1
CITY-ST-ZIP	PALM BCH GARDENS FL		CITY-ST-ZIP	l				
TITLE	VAS	☐ Delete	TITLE	VAS		XX Change	Addition	[
NAME	STEPHANOS, DIANE L.		NAME		os, Diane L.			ļ
STREET ADDRESS	4500 PGA BLVD, SUITE 400		STREET ADDRESS		Blvd., Suite 207			ĺ
CITY-ST-ZIP	PLAM BCH GARDENS FL		CITY-ST-ZIP	Paim Bea	ach Gardens, FL 33418			
TITLE	V	☐ Delete	TITLE	v		xx Change	Addition	1
NAME	FLOYD, CATHY D.	THE POLICE	NAME	Floyd, C	Cathy D.	zaza omengo		1
STREET ADDRESS	4500 PGA BLVD, SUITE 400		STREET ADDRESS	4500 PGA	Blvd., Suite 207			
CITY-ST-ZIP	PALM BCH GARDENS FL		CITY-ST-ZIP	Palm Bea	ach Garens, FL 33418			-
	V SANDENO PE			V		VVI Obsess	□ Addision=	1
TITLE NAME	DIVOSTA, GUY	☐ Delete	TITLE	DiVosta,	Guy	xX Change	☐ Addition	ĺ
STREET ADDRESS	to the second se		NAME STREET ADDRESS	4500 PGÁ Blvd., Suite 207				
CITY-ST-ZIP PALM BCH GARDENS FL			CITY-ST-ZIP	Palm Bea	ich Gardens, FL 33418			
3.11 G, Ell			1 0115 St-Eil	1				1

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 of 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:

561-691-9050 Daytime Phone #