

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90092 038 ***150.00

DOCUMENT # L54776

1. Entity Name

DIVOSTA LAND COMPANY

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

2. Principal Place of Business

4500 PGA Blvd..

3. Mailing Address

4500 PGA Blvd..

Suite, Apt. #, etc.
Suite 207Suite, Apt. #, etc.
Suite 207City & State
Palm Beach Gardens, FLCity & State
Palm Beach Gardens, FL4. FEI Number **65-0183474**Applied For
Not ApplicableZip
33418Country
USAZip
33418Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DIVOSTA, OTTO B.
4500 PGA BLVD STE 303A
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

DiVosta, Otto B.

Street Address (P.O. Box Number is Not Acceptable)
4500 PGA Blvd., Suite 207

City

Palm Beach Gardens,

FLZip Code
33418

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIVOSTA, OTTO B. 4500 PGA BLVD #400 PALM BEACH GRDNS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DiVosta, Otto B. 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIVOSTA, BETTY J. 4500 PGA BLVD #400 PALM BEACH GRDNS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DiVosta, Betty J. 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT GALUI, JUDITH M. 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT Galui, Judith M. 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS STEPHANOS, DIANE L. 4500 PGA BLVD, SUITE 400 PLAM BCH GARDENS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Stephanos, Diane L. 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOYD, CATHY D. 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Floyd, Cathy D. 4500 PGA Blvd., Suite 207 Palm Beach Garens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIVOSTA, GUY 4500 PGA BLVD, SUITE 400 PALM BCH GARDENS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DiVosta, Guy 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)