

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90178 024 \*\*\*158.75

**DOCUMENT # P00000048029**

1. Entity Name  
**DIVITA & HELTSLEY FLORIDA REAL ESTATE, INC.**

Principal Place of Business

**169 TEQUESTA DR  
 TEQUESTA FL 33469**

Mailing Address

**169 TEQUESTA DR  
 TEQUESTA FL 33469**

2. Principal Place of Business

**384 TEQUESTA DR.**

3. Mailing Address

**384 TEQUESTA DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TEQUESTA, FLORIDA**

City & State

**TEQUESTA FLORIDA**

4. FEI Number

**65-1014809**

Applied For

Not Applicable

Zip

**33455**

Country

**USA**

Zip

**33455**

Country

**USA**

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSILLO, ROBERT A  
 501 SEA OATS DR, STE. A-1  
 JUNO BEACH FL 33408**

Name

**CHARLES M. HELTSLEY JR.**

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

**6984 SE BUNKERHILL DRIVE**

City

**HOBE SOUND**

**FL**

Zip Code

**33455**

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 Charles M. Heltsley Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/10/2001  
 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 State**

10. 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	<b>D</b> <b>HELTSLEY, CHARLES M</b> <b>6984 SE BUNKERHILL DR</b> <b>HOBE SOUND FL 33455</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIVITA, SANDRA M</b> <b>1036 US HWY ONE</b> <b>N PALM BEACH FL 33408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: Charles M. Heltsley Jr.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2001  
 Date

Daytime Phone #

CR2E034 (10/00)