

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053226

1. Entity Name

K. HOVNANIAN AT CAROLINA COUNTRY CLUB II, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90084 046 \*\*\*150.00

Principal Place of Business

Mailing Address

1800 S AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33409

1800 S 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

4. FEI Number 22-3247085

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

BRANNOCK, G S  
1800 S AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33409

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RAPAPORT, JON	1800 S AUSTRALIAN AVE #400	WEST PALM BEACH FL 33409	<input type="checkbox"/>
D	HOVNANIAN, ARA K	61 WHIPPORWILL VALLEY RD	ATLANTIC HIGHLANDS NJ	<input type="checkbox"/>
D	MASON, TIMOTHY P	22 DEVON DR	PISCATAWAY NJ	<input type="checkbox"/>
D	BUCHANAN, PAUL W	8 BLUEBERRY LANE	LEONARDO NJ	<input type="checkbox"/>
D	REINHART, PETER S	2 BAYHILL RD	LEONARDO NJ	<input type="checkbox"/>
D	SCHIMPF, JOHN J	227 PELICAN RD	MIDDLETOWN NJ	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Jon Rapaport, President 4/26/00 561-337-1555

Date

Daytime Phone #

CR2E034 (9/99)