

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047110

1. Entity Name

K. HOVNIANIAN AT BALLANTRAE, INC.

**FILED**  
Feb 09, 2000 8:00 am  
**Secretary of State**

02-09-2000 90004 038 \*\*\*150.00

Principal Place of Business

1800 SOUTH AUSTRALIAN AVE.  
SUITE 400  
W PALM BEACH FL 33409

Mailing Address

1800 SOUTH AUSTRALIAN AVE.  
SUITE 400  
W 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 22-3309139

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  
W 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 P  
NAME RAPAPORT, JON  
STREET ADDRESS 1800 S AUSTRALIAN AVE, # 400  
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HOVNIANIAN, ARA K  
STREET ADDRESS 61 WHUPPORWILL VALLEY RD.  
CITY-ST-ZIP ATLANTIC HIGHLANDS NJ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MASON, TIMOTHY P  
STREET ADDRESS 22 DEVON DRIVE  
CITY-ST-ZIP PISCATAWAY NJ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BUCHANAN, PAUL W  
STREET ADDRESS 8 BLUEBERRY LANE  
CITY-ST-ZIP LEONARDO NJ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME REINHART, PETER S  
STREET ADDRESS 2 BAYHILL RD.  
CITY-ST-ZIP LEONARDO NJ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00 (561)478-0060

CR2E034 (9/99)