

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090359

1. Entity Name

XEON CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90029 012 ***150.00

Principal Place of Business

Mailing Address

CLARION HOTEL 11360 US HWY. 41
% COMFORT INN. 11360 US HWY. 1
NORTH PALM BEACH FL 33408
US

CLARION HOTEL 11360 US HWY. 41
% COMFORT INN. 11360 US HWY. 1
NORTH PALM BEACH FL 33408
US

2. Principal Place of Business

The Waterford Hotel

3. Mailing Address

The Waterford Hotel

Suite, Apt. #, etc.

11360 US Hwy 1

Suite, Apt. #, etc.

11360 US Highway One

City & State

N. Palm Beach

City & State

N. Palm Beach, FL

Zip

FL

Country

USA

33408

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-2425827

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAPIR, M. RICHARD
222 LAKEVIEW AVE.
SUITE 1400
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: Vincent J. Agostino, Jr.

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

11360 US Highway One

City

N. Palm Beach

FL

Zip Code

33408

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

Vincent J. Agostino, Jr.
Signature typed or printed name of registered agent and title if applicable.

Vincent J. Agostino, Jr. 4/26/00
(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

TITLE: DPT
NAME: LOVAS, STEPHEN JR.
STREET ADDRESS: 11360 US HWY. 1
CITY-ST-ZIP: PALM BEACH GARDENS FL ☐ Delete

TITLE: DV
NAME: KUDMAN, STUART R
STREET ADDRESS: 350 5TH AVE., STE. 1423
CITY-ST-ZIP: NEW YORK NY ☐ Delete

TITLE: DS
NAME: LOVAS, STEPHEN III
STREET ADDRESS: 11360 U.S. HWY. 1
CITY-ST-ZIP: PALM BEACH GARDENS FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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STREET ADDRESS: ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)