

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000025252****1. Entity Name**  
**BALLANTRAE DEVELOPMENT CORP.****Principal Place of Business**  
**1800 S. AUSTRALIAN AVE., SUITE 400**  
**WEST PALM BEACH FL 33409****Mailing Address**  
**1800 S. AUSTRALIAN AVE., SUITE 400**  
**WEST PALM BEACH FL 33409****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BRANNOCK, G. STEVEN**  
**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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete  
**NAME** **HOVNANIAN, KEVORK S**  
**STREET ADDRESS** **362 VIA LINDA**  
**CITY-ST-ZIP** **PALM BEACH FL****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **HOVNANIAN, ARA K**  
**STREET ADDRESS** **61 WHIPPOWILL VALLEY ROAD**  
**CITY-ST-ZIP** **ATLANTIC HIGHLANDS NJ****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **MASON, TIMOTHY P**  
**STREET ADDRESS** **22 DEVON DRIVE**  
**CITY-ST-ZIP** **PISCATAWAY NJ****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **BUCHANAN, PAUL W**  
**STREET ADDRESS** **8 BLUEBERRY LANE**  
**CITY-ST-ZIP** **LEONARDO NJ****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **REINHART, PETER S**  
**STREET ADDRESS** **2 BAYHILL ROAD**  
**CITY-ST-ZIP** **LEONARDO NJ****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **P** ☐ Delete  
**NAME** **RAPAPORT, JON**  
**STREET ADDRESS** **1800 S AUSTRALIAN AVE #400**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33409****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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 #

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90078 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **22-3366681**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional Fee Required**

CR2E034 (10/00)