

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045344

1. Entity Name

TRENDEX HOMES AT HARBOUR POINTE, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90459 032 \*\*\*150.00

Principal Place of Business

10358 RIVERSIDE DRIVE  
 PALM BEACH GARDENS FL 33410

Mailing Address

10358 RIVERSIDE DRIVE  
 PALM BEACH GARDENS FL 33410-4216

2. Principal Place of Business

2523 BURNS ROAD

3. Mailing Address

2523 BURNS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

65-0598183

Applied For

Not Applicable

Zip 33410

Country US

Zip 33410

Country US

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

DIVOSTA, GUY MICHAEL

~~10358 RIVERSIDE DRIVE~~  
~~PALM BEACH GARDENS FL 33410~~

Name

Street Address (P.O. Box Numbers Not Acceptable)

2523 BURNS ROAD

City

PALM BEACH GARDENS,

FL

Zip Code

33410

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 DP  
 NAME DIVOSTA, GUY MICHAEL  
 STREET ADDRESS ~~10358 RIVERSIDE DRIVE~~  
 CITY-ST-ZIP ~~PALM BEACH GARDENS FL~~

☐ Delete

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

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 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 #

4-26-00

561-625-4663

CFR2E034 (9/99)