

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025895

1. Entity Name

ABACOA HOMES, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90083 016 ***150.00

Principal Place of Business

Mailing Address

4500 PGA BLVD
SUITE 400
PALM BEACH GARDENS FL 33418

4500 PGA BLVD 33 Bloomfield Hills Pk
SUITE 400 Bloomfield Hills, MI 48304
PALM BEACH GARDENS FL 33418-3965



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0743442

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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 D ☒ Delete
NAME DIVOSTA, OTTO B
STREET ADDRESS 4500 PGA BLVD, STE 400
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ Change ☒ Addition
NAME Hathaway, Charles H.
STREET ADDRESS 4500 PGA Blvd. #400
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE DP ☐ Delete
NAME SHANNON, WILLIAM E
STREET ADDRESS 4500 PGA BLVD, STE 400
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE V ☐ Delete
NAME GREENE, RICHARD E
STREET ADDRESS 4500 PGA BLVD, STE 400
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE V ☒ Delete
NAME OWEN, JACK B JR
STREET ADDRESS 4500 PGA BLVD, STE. 400
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE VT ☐ Delete
NAME ROBINSON, BRUCE E
STREET ADDRESS 33 BLOOMFIELD HILLS PKWY, STE 200
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304-2946

TITLE AS ☐ Change ☒ Addition
NAME Zukoff, Colette R.
STREET ADDRESS 33 Bloomfield Hills Pkwy. #200
CITY-ST-ZIP Bloomfield Hills, MI 48304

TITLE DV ☐ Delete
NAME SMITH, HARMON D
STREET ADDRESS 4500 PGA BLVD, SUITE 400
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE DVCFO ☒ Change ☐ Addition
NAME Smith, Harmon D.
STREET ADDRESS 4500 PGA Blvd. #400
CITY-ST-ZIP Palm Beach Gardens, FL 33418

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: *Colette R. Zukoff* Colette R. Zukoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

248-644-7300