

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000109042

1. Entity Name

BABOR INSTITUT CORP. PALM BEACH

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90064 028 \*\*\*150.00

Principal Place of Business

Mailing Address

303 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

C/O HOLLAND & KNIGHT LLP  
701 BRICKELL AVE., STE. 3000  
MIAMI FL 33131-2847

2. Principal Place of Business

340 Royal Poinciana Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach, Florida

City & State

4. FEI Number

65-0803249

Applied For

Not Applicable

Zip

33480

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131

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** ☐ Delete  
NAME **CHAMBERLAIN, ILSE**  
STREET ADDRESS **303 ROYAL POINCIANNA PLAZA**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **P** ☒ Change ☐ Addition  
NAME **CHAMBERLAIN, ILSE**  
STREET ADDRESS **340 Royal Poinciana Way**  
CITY-ST-ZIP **Palm Beach, Florida 33480 Ste. 301**

TITLE **VP** ☒ Delete  
NAME **EGGLESTON, KATHY**  
STREET ADDRESS **303 ROYAL POINCIANA PLAZA**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **VP** ☒ Change ☐ Addition  
NAME **EGGLESTON, KATHY**  
STREET ADDRESS **340 Royal Poinciana Way**  
CITY-ST-ZIP **Palm Beach, Florida 33480 Ste. 301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 #

CR2E034 (9/99)