

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90086 016 ***150.00

DOCUMENT # P97000109042

1. Entity Name
BABOR INSTITUT CORP. PALM BEACH

Principal Place of Business
340 ROYAL POINCIANA PLAZA
STE 301
PALM BEACH FL 33480

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



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 **65-0803249**

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

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, 2002 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	VP	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, ILSE	
STREET ADDRESS	340 ROYAL POINCIANA WAY STE 301	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PS	<input type="checkbox"/> Delete
NAME	CAIN, DR. PAUL	
STREET ADDRESS	340 ROYAL POINCIANA WAY #301	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	T.	<input checked="" type="checkbox"/> Delete
NAME	SCHOLER, THOMAS	
STREET ADDRESS	340 ROYAL POINCIANA WAY #301	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIETFORT, HEINZ-DIETER	
STREET ADDRESS	340 ROYAL POINCIANA WAY #301	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOSSEN, DR. LEO P	
STREET ADDRESS	340 ROYAL POINCIANA WAY #301	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEINE-TEBBE, JUTTA	
STREET ADDRESS	340 ROYAL POINCIANA WAY #301	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

PAUL E. CAIN, PRESIDENT FEB 13, 2002 802-6160

Date

Daytime Phone #

CR2E034 (9/01)