

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90073 025 ***150.00

DOCUMENT # P98000091052

1. Entity Name

GHO VERO BEACH IV, INC.

Principal Place of Business Mailing Address
5670 CORPORATE WAY 5670 CORPORATE WAY
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407-2002

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 65-0872927 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HANDLER, WILLIAM N ESQ
5670 CORPORATE WAY
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 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. ☐ 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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
HANDLER, WILLIAM N		NAME			
5670 CORPORATE WAY		STREET ADDRESS			
WEST PALM BEACH FL 33407		CITY-ST-ZIP			
D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
HANDLER, DAN		NAME			
5670 CORPORATE WAY		STREET ADDRESS			
WEST PALM BEACH FL 33407		CITY-ST-ZIP			
VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
HANDLER, BRETT		NAME			
5670 CORPORATE WAY		STREET ADDRESS			
WEST PALM BEACH FL 33407		CITY-ST-ZIP			
TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
HANDLER, SUSAN		NAME			
5670 CORPORATE WAY		STREET ADDRESS			
WEST PALM BEACH FL 33407		CITY-ST-ZIP			
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY-ST-ZIP			
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY-ST-ZIP			

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 REQUIRED 4/18/00 561-688-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)