

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049111

1. Entity Name

DIVOSTA INVESTMENTS, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90092 039 \*\*\*150.00

Principal Place of Business

4500 PGA BLVD. SUITE 303A  
PALM BEACH GARDENS FL 33418

Mailing Address

4500 PGA BLVD. SUITE 303A  
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

4500 PGA Blvd.  
Suite, Apt. #, etc.  
Suite 207

3. Mailing Address

4500 PGA Blvd.  
Suite, Apt. #, etc.  
Suite 207



DO NOT WRITE IN THIS SPACE

City & State  
Palm Beach Gardens, FL

City & State  
Palm Beach Gardens, FL

4. FEI Number **65-0923445**

Applied For  
Not Applicable

Zip  
33418

Country  
USA

Zip  
33418

Country  
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DIVOSTA, OTTO B  
4500 PGA BLVD, SUITE 303A  
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name  
DiVosta, Otto B.

Street Address (P.O. Box Number is Not Acceptable)  
4500 PGA Blvd., Suite 207

City  
Palm Beach Gardens, FL Zip Code  
33418

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DIVOSTA, OTTO B  
4500 PGA BLVD, SUITE 303A  
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DIVOSTA, BETTY J  
4500 PGA BLVD, SUITE 303A  
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DiVosta, Otto B.  
4500 PGA Blvd., Suite 207  
Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DiVosta, Betty J.  
4500 PGA Blvd., Suite 207  
Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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  
Otto B. DiVosta, Director

*[Signature]*

Date

4-24-01 561-691-9050  
Daytime Phone #

CR2E034 (10/00)