

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055280

1. Entity Name  
GHA ST. JOSEPH'S ISLAND, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90493 008 \*\*\*158.75

Principal Place of Business  
2121 GRAND HARBOR BLVD  
VERO BEACH FL 32967

Mailing Address  
2121 GRAND HARBOR BLVD  
VERO BEACH FL 32967-7216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, 3755 7th Terrace  
Suite 301  
City & State  
Vero Beach, FL 32960  
Zip

4. FEI Number  
59-3586256  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HENN, PETER J  
2121 GRAND HARBOR BLVD  
VERO BEACH FL 32967

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	HENN, PETER J	
STREET ADDRESS	2121 GRAND HARBOR BLVD	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOREVEDT, J.P.	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVUTO, ROBERT	
STREET ADDRESS	2121 GRAND HARBOR BLVD	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRNE, SUE C.	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALTON, DAWN M.	
STREET ADDRESS	2121 GRAND HARBOR BLVD	
CITY-ST-ZIP	VERO BEACH, FL 32967	
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: Dawn M. Dalton 4/24/00 561-778-0180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DAWN M. DALTON VP/SEC

CR2E034 (9/99)