

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715519

1. Entity Name

ROYAL MARINER OF FORT LAUDERDALE, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90061 047 ****61.25

Principal Place of Business
3100 NE 49TH STREET
#409
FT LAUDERDALE FL 33308

Mailing Address
3100 NE 49TH STREET
#409
FT LAUDERDALE FL 33308-4941

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1312749

Applied For

Not Applicable

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

Name
Alvin Hoekman, President

Street Address (P.O. Box Number is Not Acceptable)

3100 NE 49th St. #809

City Fort Lauderdale, FL 33308

~~PEARSON, NELS R.~~
~~3100 NE 49TH STREET #506~~
~~FT LAUDERDALE FL 33308~~

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 Alvin Hoekman, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, JOHN	
STREET ADDRESS	3100 NE 49TH ST #909	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, FELIX	
STREET ADDRESS	3100 NE 49TH ST #1008	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, MARY	
STREET ADDRESS	3100 NE 49TH ST #305	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, FRANCES	
STREET ADDRESS	3100 NE 49 ST #908	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SANFORD SALLERSON	
STREET ADDRESS	3100 NE 49TH ST #205	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHENEY, ROBERT	
STREET ADDRESS	3100 N3 49TH ST SUITE 810	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frederick H. Strauss	
STREET ADDRESS	3100 NE 49th St. #1001	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John R. Edwards	
STREET ADDRESS	3100 NE 49th St #102	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tammy Deuparo	
STREET ADDRESS	3100 NE 49th St. #105	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Alvin Hoekman, President

SIGNATURE: Alvin Hoekman, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-2000 954-772-3609

CR2E037 (9/99)