

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90189 025 ****61.25

DOCUMENT # 715867

1. Entity Name

JAMAICA ROYALE UNIT ONE, INC.

Principal Place of Business

**5830 MIDNIGHT PASS ROAD
 SARASOTA FL 34242**

Mailing Address

**5830 MIDNIGHT PASS ROAD
 SARASOTA FL 34242**

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

59-0936695

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

**MOORE, ROBERT L.
 227 NOKOMIS AVE., S.
 VENICE FL 34285**

Name

DON WORLEY, CPA

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

**2316 Roselawn Street
 Sarasota Florida**

City

FL

Zip Code

34231

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

Don Worley **DON WORLEY, CPA**

1-18-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, CYRIL 5830 MIDNIGHT PASS RD SARASOTA, FL 00000	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAHRMEIER, HOWARD 5830 MIDNIGHT PASS ROAD SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EICHELBERGER, THOMAS 5830 MIDNIGHT PASS RD SARASOTA, FL 00000	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GASTON, SHIRLEY I 5830 MIDNIGHT PASS ROAD SARASOTA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENCK, MARY J 5830 MIDNIGHT PASS RD SARASOTA, FL 00000 34242	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Farwell, Nedra 5830 MIDNIGHT PASS RD SARASOTA, Florida 34242	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Fahrmeier, Howard J. 5830 MIDNIGHT PASS RD SARASOTA, Florida 34242	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD McClure, Marjorie A. 5830 MIDNIGHT PASS RD SARASOTA Florida 34242	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paisis Peter P. 5830 MIDNIGHT PASS RD. SARASOTA Florida 34242	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scharaga Stuart L. 5830 MIDNIGHT PASS RD SARASOTA Florida 34242	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE:

Stuart L. Scharaga **SCHARAGA STUART L.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date

Daytime Phone #

CR2E037 (10/00)