2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 715867

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JAMAICA	ROYALE UNIT ONE, INC.					02-24-2003 302	.43 027 0	1.23	
Principal Pla	ace of Business	Mailing Address			7				
_	HT PASS ROAD	•	5830 MIDNIGHT PASS ROAD						
SARASOTA F		SARASOTA FL 34242					a to the second		
) 148111 14881 I		;		
O Deinning	Diagram of D	T + 14 111 27 1							
2. Principal	Place of Business	3. Mailing Address	Mailing Address			 	FII 210 11 01 2 11 01011 011		
Suite, Ap	t # etc	Cuito Ant # oto	Suite, Apt. #, etc.					•	
ouite, Ap	π, σιο.	Saite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State	City & State			4. FEI Number 59-0936695 Applied For Not Applied be			
,		July a State							
Zip Country ·		Zip		ntry			\$8.75 44		
				•	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	*		7. Name and Add	ress of New Registe			
The second second	and the second s	. فيندون ا _{لم} يه هنه با نينڪ بد	مست - يحبب	Name -					
WORLEY, DON				Street Address (P.O. Box Number is Not Acceptable)					
	SELAWN ST			3	. (e. bax rainber la l				
SARASO	OTA FL 34231								
			ŀ	City			Zip Cod	ρ	
	<u> </u>	<u> </u>		•					
8. The abov	e named entity submits this statement for	or the purpose of changing i	ts registere	d office or registe	ered agent, or both, in	the State of Florida.	am familiar with,	and accept	
100	ations of registered agent.								
	<u>.</u>								
SIĞNATURE	Signature, typed or printed name of registered agent	and title if applicable (NC	OTF: Desistance						
·	organism of registrated against	and the inapplicable. (140	J.E. negistered	Agent signature require	ed when reinstating)		ATE		
w - 3 - 0 - 7	· ·	0 Floring 0							
****	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees			
		1100110110	Contribution	л. Ц	Added to Fees	Florida De	partment of S	state	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS IN	10	
TITLE	PD	Delete III		- 1	ADDITIONO/OI ANG	3 TO OTTICENS AIN	☐ Change	Addition	
NAME	NOLL, DEREK 🏃	DEREK !						Audition	
STREET ADDRESS	5830 MIDNIGHT PASS RD		STREE	T ADDRESS					
CITY-ST-ZIP	SARASOTA FL [®] 34242		CITY-	ST-ZIP ~					
TITLE	TD	☐ Delete	TITLE			 :	☐ Change	Addition	
NAME	FAHRMEIER, HOWARD		NAME				L Griange		
	5830 MIDNIGHT PASS ROAD		STREE	T ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34242		CITY-	ST-ZIP					
TITLE	SD	☐ Délète ~	TITLE	J ; -	, and	<u>س پیشه سد . شار اینه امم</u>	☐ Change	☐ Addition	
NAME	MCCLURE, MARJORIE A		NAME	į			<u> </u>		
STREET ADDRESS	5830 MIDNIGHT PASS RD		STREE	T ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34242		CITY-	ST-ZIP					
TITLE	D	Delete	TITLE	D	. 0 ^	- 0	☐ Change	Addition	
NAME	PALSIS, PETER P		NAME	0	overdort,	David	•		
STREET ADDRESS	5830 MIDNIGHT PASS ROAD			T ADDRESS 5	B30 MILNI	ght flows R	c Q		
CITY-ST-ZIP	SARASOTA FL 34242		CITY-S	ST-ZIP 56	overdorf, B30 Midni Arnsota Fi	oriela 342	42		
TITLE	D OCUADA OA OTUADT I	☐ Delete	TITLE			-	☐ Change	☐ Addition	
NAME	SCHARAGA, STUART L		NAME						
STREET ADDRESS	5830 MIDNIGHT PASS RD			f ADDRESS					
CITY-\$T-ZIP	SARASOTA FL 34242		CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME	1		NAME	ı				1	

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGN DURECH PROPRED

941-366-2829

FILED

Feb 24, 2003 8:00 am Secretary of State