

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90245 027 ****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

**WORLEY, DON
2316 ROSELAWN ST
SARASOTA FL 34231**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLL, DEREK 5830 MIDNIGHT PASS RD SARASOTA FL 34242	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAHRMEIER, HOWARD 5830 MIDNIGHT PASS ROAD SARASOTA FL 34242	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLURE, MARJORIE A 5830 MIDNIGHT PASS RD SARASOTA FL 34242	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALSIS, PETER P 5830 MIDNIGHT PASS ROAD SARASOTA FL 34242	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHARAGA, STUART L 5830 MIDNIGHT PASS RD SARASOTA FL 34242	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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	D Overdorf, David 5830 Midnight Pass Rd Sarasota Florida 34242	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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:

SIGNATURE REQUIRED

2/15/03

981-366-2822