

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90036 048 ****61.25

DOCUMENT # 716603

1. Entity Name

JAMAICA ROYALE CONDOMINIUM TWO, INC.

Principal Place of Business

Mailing Address

5830 MIDNIGHT PASS ROAD
 SARASOTA FL 34242-2108

5830 MIDNIGHT PASS ROAD
 SARASOTA FLA 34242-2108

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

59-1364508

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
630 S. ORANGE AVENUE
THIRD FLOOR
SARASOTA FL 34236

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

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 Delete
 NAME **DP HARNER, ROBERT**
 STREET ADDRESS **2307 EDNA AVE 1077 LAKELAND WAY**
 CITY-ST-ZIP **PARK RIDGE LAKE GENEVA, WI**

TITLE Change Addition
 NAME **DVP**
 STREET ADDRESS
 CITY-ST-ZIP **53147**

TITLE Delete
 NAME **D BECKER, ERNEST**
 STREET ADDRESS **30 SPOON WAY**
 CITY-ST-ZIP **N READING MA 01864**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HOWARD, JAMES**
 STREET ADDRESS **11 THREE RING RD**
 CITY-ST-ZIP **SCITUATE MA 02086**

TITLE Change Addition
 NAME **DT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KIRTLAND, WILLIAM**
 STREET ADDRESS **49105 WILDWOOD CT**
 CITY-ST-ZIP **SHELBY TOWNSHIP MI 48315**

TITLE Change Addition
 NAME **D NOLL, CAPT. J. B.**
 STREET ADDRESS **5945 CUMMINGS LANE**
 CITY-ST-ZIP **HARBOR SPRINGS MI 49740**

TITLE Delete
 NAME **DS AKER, JOAN T**
 STREET ADDRESS **2650 SHADOW COVE**
 CITY-ST-ZIP **ANNAPOLIS MD 21401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT AKER, DOUGLAS W**
 STREET ADDRESS **2650 SHADOW COVE**
 CITY-ST-ZIP **ANNAPOLIS MI 21401**

TITLE Change Addition
 NAME **DP**
 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.

SIGNATURE:

Signature of Ernest Becker, PRES. 4-21-00 (241) 349-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #