

2000 UNIFORM BUSINESS REPORT (UBR)

4/

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

04-18-2000 90250 037 ****61.25

DOCUMENT # 728615

1. Entity Name

JAMAICA ROYALE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

5830 MIDNIGHT PASS RD.
 SARASOTA FL 34242

5830 MIDNIGHT PASS RD.
 SARASOTA FL 34242-2108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1506326

Applied For

Not Applicable

Zip

Country

Zip

Country

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 AND 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 **P**
MILNER, ALFRED
 STREET ADDRESS **5830 MIDNIGHT PASS ROAD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME **ROBERT HARNER, PRES.**
 STREET ADDRESS **5830 MIDNIGHT PASS RD.**
 CITY-ST-ZIP **SARASOTA, FL. 34242**

TITLE Delete
 NAME **VP**
CULHANE, GERALD C.
 STREET ADDRESS **5830 MIDNIGHT PASS ROAD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME **DOUGLAS AKER V.P.**
 STREET ADDRESS **5830 MIDNIGHT PASS RD.**
 CITY-ST-ZIP **SARASOTA, FL. 34242**

TITLE Delete
 NAME **D**
CYRIL, JAMES
 STREET ADDRESS **5830 MIDNIGHT PASS ROAD**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE Change Addition
 NAME **GERALD CULHANE 2ND V.P.**
 STREET ADDRESS **5830 MIDNIGHT PASS RD.**
 CITY-ST-ZIP **SARASOTA, FL. 34242**

TITLE Delete
 NAME **D**
HARNER, ROBERT
 STREET ADDRESS **5830 MIDNIGHT PASS RD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME **THOMAS EICHELBERGER**
 STREET ADDRESS **5830 MIDNIGHT PASS RD.**
 CITY-ST-ZIP **SARASOTA, FL. 34242**

TITLE Delete
 NAME **ST**
BERBER, THOMAS E
 STREET ADDRESS **5830 MIDNIGHT PASS RD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME **DAVID OVERDORF**
 STREET ADDRESS **5830 MIDNIGHT PASS RD.**
 CITY-ST-ZIP **SARASOTA, FL. 34242**

TITLE Delete
 NAME **D**
MEYERS, PAUL
 STREET ADDRESS **5830 MIDNIGHT PASS RD.**
 CITY-ST-ZIP **SARASOTA, FL 00000 34242**

TITLE Change Addition
 NAME **BARBAD GOODIER**
 STREET ADDRESS **5830 MIDNIGHT PASS RD.**
 CITY-ST-ZIP **SARASOTA, FL. 34242**

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:

GERALD C. CULHANE

Date

Daytime Phone #

4-11-00 941 3491800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF 00700000