

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90302 003 \*\*\*\*61.25

**DOCUMENT # 728615**

1. Entity Name

**JAMAICA ROYALE MANAGEMENT, INC.**

Principal Place of Business

5830 MIDNIGHT PASS RD.  
 SARASOTA FL 34242

Mailing Address

5830 MIDNIGHT PASS RD.  
 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

**59-1506326**

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 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MILNER, ALFRED</b> <b>5830 MIDNIGHT PASS ROAD</b> <b>SARASOTA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CULHANE, GERALD C.</b> <b>5830 MIDNIGHT PASS ROAD</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CYRIL, JAMES</b> <b>5830 MIDNIGHT PASS ROAD</b> <b>SARASOTA FL 34242</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARNER, ROBERT</b> <b>5830 MIDNIGHT PASS RD</b> <b>SARASOTA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BERBER, THOMAS E</b> <b>5830 MIDNIGHT PASS RD</b> <b>SARASOTA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEYERS, PAUL</b> <b>5830 MIDNIGHT PASS RD.</b> <b>SARASOTA, FL 00000 34242</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres.</b> <b>Harnar, Robert</b> <b>5830 midnight Pass Rd.</b> <b>Sarasota, FL 34242</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Aker, Douglas</b> <b>5830 midnight Pass Rd.</b> <b>Sarasota, FL 34242.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Overdorf, David</b> <b>5830 Midnight Pass Rd.</b> <b>Sarasota, FL 34242</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Farwell, Nedra</b> <b>5830 midnight Pass Rd.</b> <b>Sarasota, FL 34242</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> <b>Goodier, Barbara</b> <b>5830 midnight Pass Rd.</b> <b>Sarasota, FL 34242</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR</b> <b>PRIMAS, Aaron</b> <b>5830 midnight Pass Rd.</b> <b>Sarasota, FL 34242</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01 9413491800

Date

Daytime Phone #

CR2E037 (10/00)