

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90310 017 ****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

4. FEI Number **59-1506326**

Applied For
 Not Applicable

Zip Country

Zip Country

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

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

SIGNATURE _____ (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 P	<input type="checkbox"/> Delete HARNER, ROBERT STREET ADDRESS 5830 MIDNIGHT PASS ROAD CITY-ST-ZIP SARASOTA FL 34242	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BECKER, DOUGLAS STREET ADDRESS 5830 MIDNIGHT PASS RD. CITY-ST-ZIP SARASOTA, FL 34242
TITLE VP	<input type="checkbox"/> Delete CULHANE, GERALD C. STREET ADDRESS 5830 MIDNIGHT PASS ROAD CITY-ST-ZIP SARASOTA FL	TITLE DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OKERLUND, JEANNIE STREET ADDRESS 5830 MIDNIGHT PASS RD CITY-ST-ZIP SARASOTA, FL 34242
TITLE ST	<input type="checkbox"/> Delete OVERDORF, DAVID STREET ADDRESS 5830 MIDNIGHT PASS ROAD CITY-ST-ZIP SARASOTA FL 34242	TITLE DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COX, ROBERT STREET ADDRESS 5830 MIDNIGHT PASS RD CITY-ST-ZIP SARASOTA, FL 34242
TITLE D	<input type="checkbox"/> Delete NOLL, DEREK STREET ADDRESS 5830 MIDNIGHT PASS RD CITY-ST-ZIP SARASOTA FL 34242	TITLE DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KLOSNER, CLYDE STREET ADDRESS 5830 MIDNIGHT PASS RD. CITY-ST-ZIP SARASOTA, FL 34242
TITLE D	<input checked="" type="checkbox"/> Delete GOODIER, BARBARA STREET ADDRESS 5830 MIDNIGHT PASS RD CITY-ST-ZIP SARASOTA FL 34242	TITLE DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHOOK, LARRY STREET ADDRESS 5830 MIDNIGHT PASS RD CITY-ST-ZIP SARASOTA, FL 34242
TITLE D	<input checked="" type="checkbox"/> Delete PRIMAS, AARON STREET ADDRESS 5830 MIDNIGHT PASS RD. CITY-ST-ZIP SARASOTA FL 34242	TITLE	<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]* **3-27-03** **941 349 1800**

CR2E037 (10/02)