

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A05823

1. Entity Name

ROYAL PALM BEACH COUNTRY CLUB LTD.

FILED

00 APR 13 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O FLORMITENN. INC. 902 MC CALLIE AVENUE CHATTANOOGA TN 37403	Mailing Address C/O FLORMITENN. INC. 902 MC CALLIE AVENUE CHATTANOOGA TN 37403-2724
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1763699** 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

**BLACKWOOD, THOMAS B.
3046 S. CONGRESS AVENUE
LAKE WORTH FL 33461**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$81,199.99** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	566461 FLORMITENN. INC. 902 MCCALLIE AVE. CHATTANOOGA TN	STREET ADDRESS	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Stuart Bush* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **STUART BUSH** **4/11/00** **(423)265-0501**
Date Daytime Phone #

CR2E003 (9/99)