

2001 UNIFORM BUSINESS REPORT (UBR)

0018233

DOCUMENT # A05823

1. Entity Name

ROYAL PALM BEACH COUNTRY CLUB LTD.

FILED
 01 APR 16 PM 12:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

WJ



DO NOT WRITE IN THIS SPACE

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

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 Applied For
59-1763699 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 #	566461	STREET ADDRESS	
NAME	FLORMITENN, INC.	CITY-ST-ZIP	
STREET ADDRESS	902 MCCALLIE AVE.		
CITY-ST-ZIP	CHATTANOOGA TN		
DOCUMENT #		STREET ADDRESS	400004064424--3
NAME		CITY-ST-ZIP	-04/24/01--01030--008
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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* **STUART BUSH** **4/12/01** **(423)265-0501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)