

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-15-2000 90097 029 ***150.00

DOCUMENT # H50360

1. Entity Name

ROYAL PALMS HOME OWNERS, INC.

Principal Place of Business

8705 S. TAMiami TRAIL
 TREAS. #21
 SARASOTA FL 34238
 US

Mailing Address

8705 S. TAMiami TR. #21
 ROYAL PALM MHP
 SARASOTA FL 34238-3133
 US

2. Principal Place of Business

8705 S. TAMiami TRAIL
 Suite, Apt. #, etc.
 TREAS. #21

3. Mailing Address

8705 S. TAMiami TR. #21
 Suite, Apt. #, etc.
 ROYAL PALMS MHP

City & State

SARASOTA, FL.

City & State

SARASOTA, FL. 34238-3133

Zip

34238

Country

USA

Zip

34238

Country

U.S.A.

4. FEI Number

59-2787058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WEHR, MARGARET L.
 8705 S. TAMiami TR., #42
 SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name **FINCH, HUBBLE**
 Street Address (P.O. Box Number is Not Acceptable)
 8705 S. TAMiami TRAIL #39
 SARASOTA
 City **FL** Zip Code **34238**

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 *Hubble Finch*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEHR, MARGARET L. 8705 S. TAMiami TR., #42 SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIER, BARBARA 8705 S. TAMiami TR., #129 SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOWAK, JOAN 8705 S. TAMiami TR. 163 SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNT, GERALDINE 8705 S. TAMiami TR. 4 SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINCH, HUBBLE 8705 S. TAMiami TRAIL #39 SARASOTA, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEEKER, DON R. #21 8705 S. TAMiami TRAIL SARASOTA, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETTY FOWLER 8705 S. TAMiami TRAIL #89 SARASOTA, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARY MEEKER 8705 S. TAMiami TRAIL #21 SARASOTA, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

Hubble Finch 3-13-00 (941) 966-2608

CR2E034 (9/99)