

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004145

1. Entity Name

ROYAL PALM POINTE MERCHANTS ASSOCIATION, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90234 028 ****61.25

Principal Place of Business

49 ROYAL PALM BLVD.
VERO BEACH FL 32960

Mailing Address

49 ROYAL PALM BLVD.
VERO BEACH FL 32960-4295

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

59-3394817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JOHN DAVID
49 ROYAL PALM BLVD.
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LONG, CRAIG
CITY-ST-ZIP 30 ROYAL PALM BLVD.
VERO BEACH FL

TITLE ☐ Delete
NAME D
STREET ADDRESS COOPER, BOB
CITY-ST-ZIP 1 ROYAL PALM BLVD.
VERO BEACH FL 32960

TITLE ☐ Delete
NAME D
STREET ADDRESS SMITH, JOHN DAVID
CITY-ST-ZIP 49 ROYAL PALM BLVD. #200
VERO BEACH FL 32960

TITLE ☐ Delete
NAME D
STREET ADDRESS ORTENBAS, PAUL U
CITY-ST-ZIP 65 ROYAL PALM BLVD., SUITE D
VERO BEACH FL 32960

TITLE ☐ Delete
NAME D
STREET ADDRESS JACKSON, JACK
CITY-ST-ZIP 57 ROYAL PALM BLVD.
VERO BEACH FL 32960

TITLE ☐ Delete
NAME D
STREET ADDRESS MATTHEWS, JOHN MICHAEL
CITY-ST-ZIP 29 ROYAL PALM BLVD.
VERO BEACH FL 32960

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John David Smith 4/28/00 (361)778-4666