

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90121 048 ***150.00

DOCUMENT # P98000063099

1. Entity Name

NORTH PALM PROPERTIES, INC.

Principal Place of Business

Mailing Address

**6400 NORTH ANDREWS AVE.
 FT.LAUDERDALE FL 33309**

**6400 NORTH ANDREWS AVE.
 FT.LAUDERDALE FL 33309-2172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0851374

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

**DUKE, BRYAN W
 6400 NORTH ANDREWS AVE.
 FT.LAUDERDALE FL 33309**

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. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	STILES, TERRY W	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	
TITLE	VT	<input type="checkbox"/> Delete
NAME	EAGON, DOUGLAS P	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JONES, PATRICIA	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	PALMER, STEPHEN R	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	STINE, JAMES W	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRRA, ROCCO	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT.LAUDERDALE FL 33309	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

K.P.

3/30/00

Date

Daytime Phone #

CR 1 (014) (MMF)