

2000 UNIFORM BUSINESS REPORT (UBR)

3/15/00-90087-008-\$150.00-\$150.00

DOCUMENT # P99000031700

1. Entity Name

PALMS OF PARADISE, INC.

Principal Place of Business

Mailing Address

2735 BRANDY BUCK TRAIL
JACKSONVILLE FL 32223

2735 BRANDY BUCK TRAIL
JACKSONVILLE FL 32223-1846

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

59-3567714

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

FARRIS, JULIAN E
2735 BRANDY BUCK TRAIL
JACKSONVILLE FL 32223

Name MONTGOMERY JAMES A
Street Address (P.O. Box Number is Not Acceptable)
2735 BRANDY BUCK TRAIL
City JACKSONVILLE FL 32223

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

JAMES A. MONTGOMERY

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

(NOTE: Registered Agent signature required when re-instating)

DATE

3/13/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>HARRIS JULIAN E</u> <u>NOTE CORRECT SPELLING</u> <u>P.O. BOX 24694</u> <u>JACKSONVILLE FL 32241</u>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>FARRIS, JULIAN E</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>P.O. Box 24694</u> <u>JACKSONVILLE, FL 32241</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PARTNER</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>JAMES A. MONTGOMERY</u> <u>P.O. Box 24694</u> <u>JACKSONVILLE, FL 32241</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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

JAMES A. MONTGOMERY

3/13/2000

Date

904 268 0277

Daytime Phone #

FILED

00 MAR 31 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR 11-11-00

SP