

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90360 002 ****61.25

816499



DO NOT WRITE IN THIS SPACE

DOCUMENT # N15755

1. Entity Name

ROYAL PALM BEACH BUSINESS PARK LOT OWNERS ASSOCI

Principal Place of Business

Mailing Address

WALLACE W HICKMAN
 110 BUSINESS PARKWAY
 ROYAL PALM BEACH FL 33411
 US

WALLACE W HICKMAN
 110 BUSINESS PARKWAY
 ROYAL PALM BEACH FL 33411
 US

2. Principal Place of Business

250 Business Parkway

3. Mailing Address

250 Business Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

Suite 2

City & State

Royal Palm Bch

City & State

Royal Palm Bch FL 33411

Zip

33411

Country

Palm Bch

Zip

33411

Country

Palm Bch

4. FEI Number

65-0115205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE W HICKMAN
 110 BUSINESS PARKWAY
 ROYAL PALM BEACH FL 33471

7. Name and Address of New Registered Agent

Name

WALLACE W HICKMAN

Street Address (P.O. Box Number is Not Acceptable)

250 Business Parkway Suite 2

City

Royal Palm Bch.

FL

Zip Code

33411

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 **P HICKMAN, WALLACE W**
 STREET ADDRESS **110 BUSINESS PARKWAY**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete

NAME **T GILLUM, KEVIN**
 STREET ADDRESS **310 BUSINESS PARKWAY**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete

NAME **S HEDRICK, GARY**
 STREET ADDRESS **260 BUSINESS PARKWAY**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete

NAME **D EWING, JIM**
 STREET ADDRESS **170 BUSINESS PARKWAY**
 CITY-ST-ZIP **ROYAL PALM BEACH A 33411**

TITLE ☐ Delete

NAME **D RICE, LLOYD**
 STREET ADDRESS **240 BUSINESS PARKWAY**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/01 (561)-333-5620
 Date Daytime Phone #

CR2E037 (10/00)