

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H50360

1. Entity Name

ROYAL PALMS HOME OWNERS, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90027 011 \*\*\*150.00

Principal Place of Business

8705 S. TAMiami TRAIL  
TREAS. #7  
SARASOTA FL 34238  
US

Mailing Address

8705 S. TAMiami TR.. #7  
ROYAL PALM MHP  
SARASOTA FL 34238  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

FINCH, HUBBLE  
8705 S. TAMiami TR., #42  
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name **WEHR MARGARET L**  
Street Address (P.O. Box Number is Not Acceptable)  
**8705 S. TAMiami TR #42**  
City **SARASOTA** 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

*Margaret L. Stahl*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/01**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	FINCH, HUBBLE	
STREET ADDRESS	8705 S. TAMiami TR., #42	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MESKER, DOPN R	
STREET ADDRESS	8705 S. TAMiami TR., #129	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOWLER, BETTY	
STREET ADDRESS	8705 S. TAMiami TR. 163	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEEKER, MARY	
STREET ADDRESS	8705 S. TAMiami TR. 4	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHR MARGARET L	
STREET ADDRESS	8705 S. TAMiami TR #42	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHONGE, CARMELO	
STREET ADDRESS	8705 S. TAMiami TR #26	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIER, BARBARA	
STREET ADDRESS	8705 S. TAMiami TR #129	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINTI, ROSEMARIE	
STREET ADDRESS	8705 S. TAMiami TR #55	
CITY-ST-ZIP	SARASOTA, FL 34238	
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		
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:

*Margaret L Stahl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET L. WEHR

Date

Daytime Phone #

**4/18/01 941-966-1550**

CR2E034 (10/00)