

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702080

1. Entity Name

PALMS OF SEBRING, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90189 023 \*\*\*\*61.25

Principal Place of Business

725 S PINE ST.  
SEBRING FL 33870

Mailing Address

725 S PINE ST.  
SEBRING FL 33870

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

59-0934514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHOADES, CLIFFORD R P.A.  
227 NORTH RIDGEWOOD DR.  
SEBRING FL 33870

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete  
NAME **RHOADES, MARGARET**  
STREET ADDRESS **937 NE LAKEVIEW DR**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **TD/SD** ☒ Change ☐ Addition  
NAME **RHOADES, MARGARET**  
STREET ADDRESS **937 NE LAKEVIEW DR.**  
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **SD** ☒ Delete  
NAME **PEER, MARJORIE**  
STREET ADDRESS **4725 LEUCADANDRA DR**  
CITY-ST-ZIP **SEBRING FL 33870**

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

TITLE **VP** ☒ Delete  
NAME **RALPH HOLLENBERG**  
STREET ADDRESS **3701 KEARLY AVE**  
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **VP** ☒ Change ☒ Addition  
NAME **FISHER, DURAND**  
STREET ADDRESS **2504 DAVIS CIRCLE**  
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **PD** ☒ Delete  
NAME **JOHN LENGYEL**  
STREET ADDRESS **4321 DUFFER LOOP**  
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **PD** ☒ Change ☐ Addition  
NAME **LENGYEL, JOHN**  
STREET ADDRESS **651 SE LAKEVIEW DR.**  
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **VPD** ☒ Delete  
NAME **ROBINSON, PAUL D**  
STREET ADDRESS **245 OAK AVENUE, APT 414**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **ROBINSON, PAUL D.**  
STREET ADDRESS **245 OAK AVE. APT. 712**  
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE ☐ Delete  
NAME  
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:

*Paul D. Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-15-01 (863) 385-0161

CR2E037 (10/00)