

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708463

1. Entity Name

ROYAL TERRACE CONDOMINIUM APTS., INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90032 015 ****61.25

Principal Place of Business

1722 MAYO ST
106
HOLLYWOOD FL 33020
US

Mailing Address

1722 MAYO ST
106
HOLLYWOOD FL 33020-6570
US

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

59-2388190

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

HERMAN, GARY
1722 MAYO ST
#103
HOLLYWOOD FL 33020

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GETHINS, HELEN
1722 MAYST #203
HOLLYWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ROBINSON, JEAN
1045 HARRISON ST
HOLLYWOOD FL 33019

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LESAGE, YVON
1722 MAYO ST 101
HOLLYWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SINCLAIR, DEENA
1722 MAYO ST
HOLLYWOOD FL 33020

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NAME
STREET ADDRESS
CITY-ST-ZIP
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FORAY, JAMES
1722 MAYO ST
HOLLYWOOD FL 33021

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

JEAN ROBINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

954 920 2640
Date Daytime Phone #

CR2E037 (9/99)