2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE:

FILED DOCUMENT # 739823 Jan 21, 2000 8:00 am 1. Entity Name **Secretary of State** ROYAL PALM APARTMENTS, INC. 01-21-2000 90098 011 ****61.25 Principal Place of Business Mailing Address 241 PALM RIVER BLVD 241 PALM RIVER BLVD APT. C-102 APT. C-102 NAPLES FL 34110-1150 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1789547 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BACON, JOHN L 241 PALM RIVER BLVD **APT C-102** Zip Code NAPLES FL 33942 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. BACON, SUZARNE Addition TITLE ☐ Delete 241 Prim River Blud SCIUK, GEORGE T NAMÉ NAME STREET ADDRESS 281 PALM RIVER BLVD. APT. A-201 STREET ADDRESS Apt C-102 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 NADLIS. Hinschoff, Sylva Zzi Palm River Did ☐ Change **™** Addition TITLE TITLE ☐ Delete NAME REICH, FRED NAME Apt D STREET ADDRESS STREET ADDRESS 281 PALM RIVER BLVD., APT. A202 NAALOS, FL JY110 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE ☐ Change ☐ Addition TITLE Delete NAME POETKER, WILLIAM NAME STREET ADDRESS 281 PALM RIVER BLVD., APT. A101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL How VILL President ☐ Addition 107 U A TITLE TITLE ☐ Delete HANCUR, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 201 PALM RIVER BLVD, APT E202 CITY-ST-7(P CITY-ST-ZIP NAPLES FL ☐ Addition ☐ Change ☐ Delete TITLE RABER, LYLE C NAME STREET ADDRESS STREET ADDRESS 201 PALM RIVER BLVD CITY-ST-7IP CITY-ST-ZIP NAPLES, FL 00000 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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