

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765479

1. Entity Name

SAVE THE PALMS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90074 021 ****61.25

Principal Place of Business

Mailing Address

4231 ORANGE RIVER LOOP RD.
FT MYERS FL 33905

4231 ORANGE RIVER LOOP RD.
FT MYERS FL 33905-5813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOSS, RITA V.
4231 ORANGE RIVER LOOP RD.
ORANGE RIVER LOOP ROAD
FT. MYERS FL 33905

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	MOSS, RITA V.	4231 ORANGE RVR LOOP RD	FT MYERS, FL 00000				
VTD	MCELROY, VIRGINIA	1357 BURTWOOD DRIVE	FT MYERS, FL 00000				
SD	BENNETT, SUE	1217 STABLER DRIVE	FT MYERS, FL 00000				

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:

Rita V. Moss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2000 (941) 694-7593
Date Daytime Phone #

CR2E037 (9/99)