


# 2000 UNIFORM BUSINESS REPORT (UBR)

0100001 1/1

**DOCUMENT #** A31053

**1. Entity Name**  
ROYAL DOUGLAS, LTD.

**FILED**  
**00 JAN 10 PM 3:21**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



**Principal Place of Business**  
1745 S. HIGHLAND  
CLEARWATER FL 34616

**Mailing Address**  
1745 S. HIGHLAND  
CLEARWATER FL 33756-1852

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** 59-3057588

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
State **FL** Zip

**8. The above named entity submits this statement for the purpose of changing its registered office, 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

**9. Capital Contributions as Shown on record.** \$280,000.00

**10. Amount of Capital Contributions in FLORIDA to date.**

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FROMHAGEN, CARL, JR., MD	STREET ADDRESS	1838 Southwood Lane
NAME	1745 S HIGHLAND	CITY - ST - ZIP	Clearwater, FL 33764
STREET ADDRESS	CLEARWATER FL		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	700003096727--0
NAME			-01/12/00--01099--003
STREET ADDRESS		CITY - ST - ZIP	****526.25 ****526.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	700003096727--0
NAME			-01/12/00--01099--004
STREET ADDRESS		CITY - ST - ZIP	*****8.75 *****8.75
CITY - ST - ZIP			
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CITY - ST - ZIP			

**14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**  **SIGNATURE REQUIRED**

**12-30-99** **727 584-7633**

Date Daytime Phone #

**CARL FROMHAGEN**

CR2E003 (9/99)