

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013143 AF

DOCUMENT # **A93000000839**

1. Entity Name  
**NORMANDY ISLES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business  
P.O. BOX 541359  
LAKE WORTH FL 33454

Mailing Address  
P.O. BOX 541359  
LAKE WORTH FL 33454-1359



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0441878**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**RAUCH, HARRY  
2176 JOG RD.  
WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$9,500.00** 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 #	P93000054943		STREET ADDRESS	2176 JOG ROAD
NAME	NORMANDY ISLES, INC.		CITY - ST - ZIP	WEST PALM BEACH, FL 33415
STREET ADDRESS	5904 TIMBER VALLEY DRIVE			
CITY - ST - ZIP	LAKE WORTH FL 33463			
DOCUMENT #			STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #			STREET ADDRESS	7000003245737--9
NAME			CITY - ST - ZIP	-05/10/00--01006--016
STREET ADDRESS				****155.25 ****155.25
CITY - ST - ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
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 RE HARRY RAUCH** 4/17/00 561 964 6501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

(66/6) 300 | E-3