

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001227**

1. Entity Name

ROYAL COURT VILLAS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 24 PM 1:33

Principal Place of Business  
7950 N.E. BAY SHORE COURT  
MIAMI FL 33138

Mailing Address  
900 BAY DRIVE  
L-9  
MIAMI BEACH FL 33141-5633



2. Principal Place of Business

7950 NE Bayshore Ct

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0760496

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J  
16855 N.E. 2ND AVENUE, SUITE 301  
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name Judith S. Berson  
Street Address (P.O. Box Number is Not Acceptable)  
900 Bay Dr L9  
City Miami Beach FL 33141

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)

Judith Berson

5/24/00

9. Capital Contributions  
as Shown on record.

\$100.00

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

DOCUMENT # P96000084101  
NAME PELICAN HARBOUR MANAGEMENT, INC.  
STREET ADDRESS 7950 N.E. BAY SHORE COURT  
CITY - ST - ZIP MIAMI FL 33138

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

800003293288--3  
06/16/00 01889 023  
\*\*\*141.25 \*\*\*141.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

305 757 5722

CR2E003 (9/99)