

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90138 005 ****50.00

DOCUMENT # L95000000979

1. Entity Name
APACHE HAWKER, L.C.

Principal Place of Business
223 SUNSET AVE., SUITE 223
PALM BEACH FL 33480

Mailing Address
223 SUNSET AVE., SUITE 223
PALM BEACH FL 33480

947996



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0627662**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DR., STE. 500E
WEST PALM BEACH FL 33401

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **ROYAL PALM MANAGEMENT, INC.**
 STREET ADDRESS **223 SUNSET AVE., SUITE 223**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MEM** ☐ Delete
 NAME **THE ANENAES & RESTATES ESEVAES W COOK**
 STREET ADDRESS **223 SUNSET AVE., SUITE 223**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☒ Change ☐ Addition
 NAME **The Amended & Restated Edward W. Cook Revocable Trust**
 STREET ADDRESS
 CITY-ST-ZIP **- address is correct**

TITLE **MEM** ☐ Delete
 NAME **COOK, PATRICIA L**
 STREET ADDRESS **223 SUNSET AVE., SUITE 223**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/18/02

561-837-8623

Daytime Phone #

0016793

CF2E083 (9/01)