2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800003371 1. Entity Name PALM CITY DEVELOPMENT L.C.						FILED SECRETARY OF DIVISION OF CORF) FSTATE		
1 ALIVI OI	. DEVELOT WILITE L.O.	•	<u>\$</u> *	~ · ·	1				
Principal Plac	ne of Rusiness	Mailing Address			_	00 AUG 31 AM	410:02	\sim	l
Principal Place of Business Mailing Address 222 SOUTH NEW YORK AVE SUITE 3 WINTER PARK FL 32789 Mailing Address 222 SOUTH NEW YORK AVE S WINTER PARK FL 32789-4265				ITE 3			•	- j~	P
2. Principal F	Place of Business	3. Mailing Address	·		- i				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WR	ITE IN THIS SE	PACE	
City & Stat	te	City & State		<u> </u>	4. FEI N	lumber 9 764		7	pplied For ot Applicable
Zip	Country	Zip	Cour	ntry	<u> </u>	ficate of Status Desired		5.00 Add	
	6. Name and Address of Curre	nt Registered Agent		<u> </u>	7. Name	e and Address of New			
0400 7	HOMAC C			Name					
Garo, Thomas C 222 South New York Ave., Suite 3				Street Address		(P.O. Box Number is Not Acceptable)			
	PARK FL 32789	·				<u> </u>			
				City			FL	Zip Cod	e
				City					
	e named entity submits this statement	for the purpose of changin	a its register		tered agent, o	or both, in the State of FI			
	e named entity submits this statement	for the purpose of changin	g its register		tered agent, o	or both, in the State of FI			
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8. The above	e named entity submits this statement	ent and title if applicable.	(NOTE: Registere	ed office or regis	ired when reinstatin		lorida.		
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8. The above	Signature, typed or printed name of registered age MANAGING MEN	ent and title if applicable.	(NOTE: Registere	red office or regis ad Agent signature requi FEE IS \$50.06 to Department	ired when reinstatin	ng)	DATE DATE		
8. The above SIGNATURE	Signature, typed or printed name of registered age MANAGING MEM	ent and title if applicable. FILE Make Check	NOTE: Registere NOW!!! c Payable t 10.	red office or regis and Agent signature requi FEE IS \$50.06 to Department	ired when reinstatin	ADDITIONS	DATE S/CHANGES	Change	☐ Addition
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