

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002024

1. Entity Name  
ROYAL ADMIRALTY, LLC

APPROVED  
AND  
FILED

00 APR 21 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
PELICAN BAY FINANCIAL CENTER  
8889 PELICAN BAY BOULEVARD, SUITE 201  
NAPLES FL 34108

Mailing Address  
PELICAN BAY FINANCIAL CENTER  
8889 PELICAN BAY BOULEVARD, SUITE 201  
NAPLES FL 34108-7503



2. Principal Place of Business  
**8889 Pelican Bay Blvd.**  
Suite, Apt. #, etc.  
**Suite 201**  
City & State  
**Naples, FL**

3. Mailing Address  
**8889 Pelican Bay Blvd.**  
Suite, Apt. #, etc.  
**Suite 201**  
City & State  
**Naples, FL**

*MM* DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3571877**

Applied For  
☐ Not Applicable

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

Zip Country Zip Country  
**34108 U.S.A. 34108 U.S.A.**

## 6. Name and Address of Current Registered Agent

AUTERA, MICHAEL E  
PELICAN BAY FINANCIAL CENTER  
8889 PELICAN BAY BOULEVARD, SUITE 201  
NAPLES FL 34108

## 7. Name and Address of New Registered Agent

Name  
**Autera, Michael E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8889 Pelican Bay Blvd.**  
**Suite 201**  
City **Naples** FL Zip Code **34108**

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]* **Michael E. Autera as Manager of Royal Admiralty, LLC**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **4/18/00**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUTERA, MICHAEL E 8889 PELICAN BAY BOULEVARD, SUITE 201 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUTERA, MARTHA T 8889 PELICAN BAY BOULEVARD, SUITE 201 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100003241361-001</b> <b>-05/05/00-01031-001</b> <b>*****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Michael E. Autera as Manager of Royal Admiralty, LLC**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**4/18/00** **941-566-1400**  
Date Daytime Phone #