

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002024

1. Entity Name
ROYAL ADMIRALTY, LLC

FILED

01 APR 19 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
8889 PELICAN BAY BOULEVARD, SUITE 201
NAPLES FL 34108



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3571877

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME AUTERA, MICHAEL E
STREET ADDRESS 8889 PELICAN BAY BOULEVARD, SUITE 201
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

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

TITLE MGR
NAME AUTERA, MARTHA T
STREET ADDRESS 8889 PELICAN BAY BOULEVARD, SUITE 201
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Michael E. Autera as Manager
Royal Admiralty, LLC

4/16/01

Date

941-566-1400

Daytime Phone #

CR2E083 (11/00)

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