

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M18844

1. Entity Name

ROYAL PALM COACH, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90033 017 ***150.00

Principal Place of Business

Mailing Address

4901 N FEDERAL HWY
STE 350
FT LAUDERDALE FL 33308
US

4901 N FEDERAL HWY
STE 350
FT LAUDERDALE FL 33308-4613
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2564347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORER, ERIC J
30 NE 3RD ST
FT LAUDERDALE FL 33301

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, BARBARA	
STREET ADDRESS	4901 N FEDERAL HWY, #350	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEAN, ROGER	
STREET ADDRESS	2235 OKEECHOBEE BLVD	
CITY-ST-ZIP	W PALM BCH FL 33409	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRONRATH, GARY	
STREET ADDRESS	4901 N FEDERAL HWY, #350	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Williams REBARBARA WILLIAMS

Date

Daytime Phone #

4-12-00 954-489-3973

CR2E034 (9/99)