

# 2000 UNIFORM BUSINESS REPORT (UBR)

0006201 AF

DOCUMENT # M99000001875

1. Entity Name

HERITAGE ROYAL PALM PARTNERS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -9 AM 11:27

Principal Place of Business

8430 NATIVE DANCER ROAD  
PALM BEACH GARDENS FL 33418

Mailing Address

8430 NATIVE DANCER ROAD  
PALM BEACH GARDENS FL 33418-7728



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

APPLIED FOR  
65-0965698

Applied For

Not Applicable

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

SCUTTI, JULIE

8430 NATIVE DANCER ROAD  
PALM BEACH GARDENS FL 33418

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MANAGER  
JULIE C. SCUTTI  
8430 NATIVE DANCER RD  
PALM BEACH GARDENS, FL 33418

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

mf 2/16/00

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 OR MANAGER

2/01/00  
Date

561-775-7777  
Daytime Phone #

CR2E083 (9/99)