## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000007410

1. Entity Name

## ROYAL PALM BEACH INDUSTRIAL PARK PROPERTY OWNERS



Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90111 027 \*\*\*\*70.00

**FILED** 

ASSOCIATION, INC.

Principal Place of Business 751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON FL 33487		Mailing Address 751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON FL 33487		10034673				
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		00 1000 102		Applied For	
Zip	Country	Zìp	, , , , , , , , , , , , , , , , , , , ,		ate of Status Desired \$8.75 Additional Fee Required		Not Applicable	
	6. Name and Address of Curren	t Registered Agent		7. Name and Addre	ess of New Registered			
COLMAN, NANCY B ESQ 150 EAST PALMETTO PARK ROAD SUITE 401 BOCA RATON FL 33432			Street Addres  City	ss (P.O. Box Number is No			de	
8. The above the obligation of the obligation of the state of the stat	re named entity submits this statement fations of registered agent.  Signature, typed or printed name of registered agent		registered office or regis	, '	e State of Florida. I am	familiar with	, and accept	
FILE NOW: FEE IS \$61.25  OFFICERS AND DIRECTOR		Trust Fund C	9. Election Campaign Financing Trust Fund Contribution.		Make Chec Florida Depar	tment of	State	
TITLE	PD OFFICERS AND DI	<del></del>	11.	ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS IN	l 10	
NAME STREET ADDRESS CITY-ST-ZIP	PECHTER, MARTIN 751 PARK OF COMMERCE DRIVI BOCA RATON FL 33487	□ Delete E SUITE 128	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PECHTER, JEFFREY 751 PARK OF COMMERCE DRIVI BOCA RATON FL 33487	<u> </u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLOCK, STEVE 751 PARK OF COMMERCE DRIVE BOCA RATON FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

561-982-7770