

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-21-2001 90198 045 ****61.25

DOCUMENT # W01000000183

1. Entity Name

ROYAL PALM CHARITIES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

Royal Palm Country Club

3. Mailing Address

400 Forest Hills Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3647405

Applied For

Not Applicable

Zip

34112 34113

Country

USA

Zip

34112 34113

Country

USA

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

Bernard R. Cahan
400 Forest Hills Blvd.
Naples, FL 34113

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 retesting)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to-**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Cathy J. Matson	
STREET ADDRESS	117 Palmetto Dunes Circle	D
CITY-ST-ZIP	Naples, FL 34113	
TITLE	Vice-President	☐ Delete
NAME	Bernard R. Cahan	
STREET ADDRESS	114 Palmetto Dunes Circle	D
CITY-ST-ZIP	Naples, FL 34113	
TITLE	Secretary	☐ Delete
NAME	Richard A. Neet	
STREET ADDRESS	400 Forest Hills Blvd.	D
CITY-ST-ZIP	Naples, FL 34113	
TITLE	Treasurer	☐ Delete
NAME	Eileen A. Fowler	
STREET ADDRESS	400 Forest Hills Blvd.	D
CITY-ST-ZIP	Naples, FL 34113	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathy J. Matson
President

02-15-01 (941) 775-2361

Date

Daytime Phone #

CR2E037 (11/00)