

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO 5697** **NON PROFIT ANNUAL**
REPORT

FILED
Apr 25, 2000 8:00 am
Secretary of State
 04-25-2000 90001 018 ****61.25

1. Entity Name
ROYAL PALM RESIDENTS, INC.

Principal Place of Business Mailing Address
3000 US HIGHWAY 17-92W **SAME**
LOT # 124
HAINES CITY, FL 33844

00033226

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 **59-2533564** Applied For ☒ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 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

LEE J. COLLING
1920 E. ROBINSON ST.
ORLANDO, FL 32803

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. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS CASEY		NAME	MARVIN HILL	
STREET ADDRESS	3000 US HWY 17-92W, LOT 495		STREET ADDRESS	3000 US HWY 17-92W, LOT 248	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY BALDWIN		NAME	DAVID KISER	
STREET ADDRESS	3000 US HWY 17-92W, LOT 37		STREET ADDRESS	3000 US HWY 17-92W, LOT 106	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA COLLINS		NAME		
STREET ADDRESS	3000 US HWY 17-92W, LOT 124		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE HALL		NAME		
STREET ADDRESS	3000 US HWY 17-92W, LOT 115		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES BACKOWSKI		NAME		
STREET ADDRESS	3000 US HWY 17-92W, LOT 77		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT BURT		NAME		
STREET ADDRESS	3000 US HWY 17-92W, LOT 48		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		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: **BARBARA L. COLLINS** *Barbara L. Collins* 4/10/00 863-422-9880
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)