

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24688

1. Entity Name

ROYAL KNIGHTS FOR CHIVALRY, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90014 041 \*\*\*\*70.00

Principal Place of Business

C/O STANLEY MARKS  
4190 N. 42ND AVENUE  
HOLLYWOOD FL 33021

Mailing Address

C/O STANLEY MARKS  
4190 N. 42ND AVENUE  
HOLLYWOOD FL 33021-1824

2. Principal Place of Business

C/O ANTHONY WOOD

3. Mailing Address

C/O ANTHONY WOOD

Suite, Apt. #, etc.

1321 SW 18TH STREET

Suite, Apt. #, etc.

1321 SW 18TH STREET

City & State

FT LAUDERDALE, FLORIDA

City & State

FT LAUDERDALE, FLORIDA

Zip

33315

Country

USA

Zip

33315

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0128675

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARKS, STANLEY  
41090 N. 42ND AVENUE  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4190 N. 42nd AVENUE (Correct misprint)

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 \$61.25**

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

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | CHAPMAN, DAVID              |  |
| STREET ADDRESS | 3018 NE 22ND STREET         |  |
| CITY-ST-ZIP    | FT. LAUDERDALE FL           |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | PECUNIES, RONALD            |  |
| STREET ADDRESS | 230 PLAZA LAS OLAS          |  |
| CITY-ST-ZIP    | FT. LAUDERDALE FL           |  |
| TITLE          | C                           | <input type="checkbox"/> Delete            |
| NAME           | WOOD, ANTHONY MORGAN        |  |
| STREET ADDRESS | 900 RIVER REACH DR APT. 112 |  |
| CITY-ST-ZIP    | FT LAUDERDALE FL            |  |
| TITLE          | TD                          | <input type="checkbox"/> Delete            |
| NAME           | FOLLIN, ELMER               |  |
| STREET ADDRESS | 3111 N.E. 55TH ST.          |  |
| CITY-ST-ZIP    | FT. LAUDERDALE FL           |  |
| TITLE          | P                           | <input checked="" type="checkbox"/> Delete |
| NAME           | NAVARRO, NICHOLAS G         |  |
| STREET ADDRESS | 2225 NE 16 ST               |  |
| CITY-ST-ZIP    | FT LAUDERDALE FL            |  |
| TITLE          | V                           | <input type="checkbox"/> Delete            |
| NAME           | O'BRIEN, JOHN               |  |
| STREET ADDRESS | 3840 NW 101 DR              |  |
| CITY-ST-ZIP    | CORAL SPRINGS FL            |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BUTLER, EARL LEE        |  |
| STREET ADDRESS | 2212 NE 16th ST,        |  |
| CITY-ST-ZIP    | FT LAUDERDALE, FL 33304 |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SPECK, HARRY            |  |
| STREET ADDRESS | 75 ISLA BAHIA DR,       |  |
| CITY-ST-ZIP    | FT LAUDERDALE, FL33316  |  |
| TITLE          | P                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WOOD, ANTHONY MORGAN    |  |
| STREET ADDRESS | 1321 sw 18TH ST.        |  |
| CITY-ST-ZIP    | ET LAUDERDALE, FL 33315 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | VP/D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | YOUNG, HARVEY           |  |
| STREET ADDRESS | 424 ROYAL PLAZA DR.     |  |
| CITY-ST-ZIP    | FT LAUDERDALE, FL 33301 |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | O'BRIEN, JOHN           |  |
| STREET ADDRESS | 3840 NW 101 DR          |  |
| CITY-ST-ZIP    | CORAL SPRINGS, FL       |  |

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:

*Stanley Marks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 March 00 954.772.4511

Date

Daytime Phone #

CR2E037 (9/99)