NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** 

DOCUMENT # N 50 10 4

## Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90981 038 \*\*\*\*70.00

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2. Principal Place of Business ROYALPALM TOWERS  2424 EDWARDS DRIVE	
Suite, Apt. #, etc. APT 706	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

<sup>Zip</sup> 33901

Country LEE

Country LEE

5. Certificate of Status Desired

7. Name and Address of Current Registered Agent

\$8.75 Additional

Fee Required

## DO NOT WRITE IN THIS SPACE

Name DION	BARRELLE,	PRESIDENT

Street Address (P.O., Box Number is Not Acceptable)
ROYAL PALM TOWERS

4. FEI Number

2424 EDWARDS DRIVE # 706

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. I am familiar with, and accept the obligations of registered agent.

DION BARRELLE

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

HIRRO OF PARISTIANA COST	
10. OFFICERS AND DIRECTORS	
TITLE PRESIDENT P/C/D  NAME  STREET ADDRESS  CITY-ST-ZIP  FORF MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V/D  NAME DAVID CANTRELL 306  STREET ADDRESS 2424 EDWARDS DRIVE  CITY-ST-ZIP FORT MYERS, FL 33901	TITLE  NAME: STREET ADDRESS CITY: ST-ZIP:
IIILE NAME STREET ADDRESS  CITY-ST-ZIP  FORT MYERS, FL 33901	THE NAME STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33901	THTE NAME STREET ADDRESS CHY-ST-ZP
TITLE D  NAME  STREET ADDRESS  CITY-ST-ZIP  FORT MYERS; FL 33901	TITLE NAME STREET ADDRESS CITY - ST. ZIP
TITLE D NAME JAN SMITH STREET ADDRESS 2424 EDWARDS DRIVE # 605 CITY-ST-ZIP FORT MYERS, FL 33901	TITLE  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 on an attachment with an address, with all other like empowered.

ADDUZ 2002 (239) 334-4386