

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000358

1. Entity Name

ROYAL PALM PERFORMING ARTS THEATRE, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90009 016 ****61.25

Principal Place of Business

1000 CRESTWOOD BLVD N.
ROYAL PALM BEACH FL 33411

Mailing Address

P.O. BOX 210534
ROYAL PALM BEACH FL 33421-0534

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

65-0384634

Applied For

Not Applicable

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

PAGLIARO, PETER

~~11818 SUNSET BLVD~~ 225 Saratoga Blvd. E.
ROYAL PALM BEACH FL 33411

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

Peter Pagliaro
Signature, typed or printed name of registered agent and title if applicable.

Peter Pagliaro
(NOTE: Registered Agent Signature required when reinstating)

1-6-00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PAGLIARO, PETER
STREET ADDRESS 11818 SUNSET BLVD.
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE ☒ Change ☐ Addition
NAME *225 Saratoga Blvd. E.*
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME PAGLIARO, DEBORAH
STREET ADDRESS 11818 SUNSET BLVD.
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE ☒ Change ☐ Addition
NAME *225 Saratoga Blvd. E.*
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CANDICE COPPOLETTA
STREET ADDRESS 12221 59TH ST. NORTH
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE ☐ Change ☒ Addition
NAME *Paul Chessin*
STREET ADDRESS *3836 Alinciana Dr #208*
CITY-ST-ZIP *LAKE WORTH, FL 33467*

TITLE D ☐ Delete
NAME LADONA, LICHTMAN
STREET ADDRESS 3326 ARCARA WAY #401
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☒ Addition
NAME *Katie Belle Wolf*
STREET ADDRESS *2141 B Road*
CITY-ST-ZIP *Loxahatchee, FL 33470*

TITLE D ☐ Delete
NAME CRAIG BACHOVE
STREET ADDRESS 11125 ISLE BROOK CT
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Change ☒ Addition
NAME *Abel Miranda*
STREET ADDRESS *110 Emerald Ct.*
CITY-ST-ZIP *Royal Palm Bch., FL*

TITLE D ☐ Delete
NAME ROBERT JONES
STREET ADDRESS 3530 HARWICH COURT
CITY-ST-ZIP GREENACRES FL

TITLE ☐ Change ☒ Addition
NAME *Judy Miranda*
STREET ADDRESS *110 Emerald Ct.*
CITY-ST-ZIP *Royal Palm Bch., 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:

Peter Pagliaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00 561-686-4006 X145

CR2E037 (9/99)