

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000358

1. Entity Name

ROYAL PALM PERFORMING ARTS THEATRE, INC.

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

4340 Forest Hill Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Bch., FL.

City & State

Zip

33406

Country

U.S.

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

PAGLIARO, PETER  
225 SARATOGA BLVD E  
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	PAGLIARO, PETER	
STREET ADDRESS	225 SARATOGA BLVD E	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAGLIARO, DEBORAH	
STREET ADDRESS	225 SARATOGA BLVD E	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANDICE COPPOLETTA	
STREET ADDRESS	12221 59TH ST. NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LADONA, LICHTMAN	
STREET ADDRESS	3326 ARCARA WAY #401	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAIG BACHOVE	
STREET ADDRESS	11125 ISLE BROOK CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT JONES	
STREET ADDRESS	3530 HARWICH COURT	
CITY-ST-ZIP	GREENACRES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chessin, PAUL	
STREET ADDRESS	3836 Poinciana Dr. #208	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	PAGLIARO, Deborah	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen McCarthy	
STREET ADDRESS	7635 Palm Rd.	
CITY-ST-ZIP	West Palm Bch., FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Peter Pagliaro Peter Pagliaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90092 025 \*\*\*\*61.25

C0006276



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)

1-5-01 561-686-4006 EXT. 45