

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 10, 2002 8:00 am
Secretary of State

02-04-2002 90039 034 ****61.25

DOCUMENT # N93000000358

1. Entity Name
ROYAL PALM PERFORMING ARTS THEATRE, INC.

Principal Place of Business
**4340 FOREST HILL BLVD
WEST PALM BEACH FL 33406**

Mailing Address
~~P.O. BOX 216524~~
ROYAL PALM BEACH FL 33421-0524

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4340 Forest Hill Blvd.
Suite, Apt. #, etc.

City & State
West Palm Bch. FL.

Zip
33406

Country
U.S.

4. FEI Number
65-0384634

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PAGLIARO, Deborah 225 Saratoga Blvd. E. Royal Palm Bch., FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President Robert Jones 3530 Harwich Court Green Acres, FL 33461

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** **1-10-02** **561-963-2200**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)