

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001953**

Entity Name

ROYAL PALM CHAPTER AACA, INC.**FILED****Feb 20, 2002 8:00 am**
Secretary of State

02-20-2002 90165 045 ****61.25

Principal Place of Business

Mailing Address

**5 ALLWORTHY ST.
PORT CHARLOTTE FL 33945****P.O. BOX 380522
MURDOCK FL 33938-0522
US**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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****CARR, DAROL H. M
2315 AARON STREET
PORT CHARLOTTE FL**

Name

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

City

FL

Zip Code

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 \$61.259. 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	D	<input checked="" type="checkbox"/> Delete
NAME	BILL, TIMOTHY	
STREET ADDRESS	814 SPRING LAKE BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNFEE, DONALD	
STREET ADDRESS	1445 DORCHESTER	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMCO, PHILIP	
STREET ADDRESS	3301 ARECA STREET	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMAN, DOROTHY	
STREET ADDRESS	145 N.W. CAMBRIDGE DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAGLEY, HENRY	
STREET ADDRESS	112 COUSLEY DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	P	<input type="checkbox"/> Delete
NAME	ELLSWORTH, RICHARD F	
STREET ADDRESS	255 ALLWORTHY ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33945	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Bjorkman	
STREET ADDRESS	7412 Longmont Lane	
CITY-ST-ZIP	Port Charlotte FL 33981	
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		<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		

2. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)