

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032168

1. Entity Name

ROYAL CROWN COLLECTION, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90019 037 ***150.00

Principal Place of Business
2047 WILTON DR
WILTON MANORS FL 33305

Mailing Address
2047 WILTON DR
WILTON MANORS FL 33305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
2047 WILTON DRIVE
City & State
WILTON MANORS FL
Zip 33305 Country ISLOWIN

Suite, Apt. #, etc.
2047 WILTON DRIVE
City & State
WILTON MANORS FL
Zip 33305 Country ISLOWIN



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1008494
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAMILTON-DEGRUSSA, JOHN
2047 WILTON DR
WILTON MANORS FL 33305

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMILTON-DEGRUSSA, JOHN		NAME		
STREET ADDRESS	2047 WILTON DR		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

1/12/01

(954) 564-5585

CR2E034 (10/00)