

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90128 013 \*\*\*150.00

**DOCUMENT # P02000014204**

1. Entity Name  
**ROYALTY ASSOCIATES, INC.**



Principal Place of Business  
**3300 PGA BLVD SUITE 900  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**3300 PGA BLVD SUITE 900  
PALM BEACH GARDENS FL 33410**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**3300 PGA BLVD**  
Suite, Apt. #, etc.  
**Suite 330**

3. Mailing Address  
**3300 PGA BLVD**  
Suite, Apt. #, etc.  
**Suite 330**

City & State  
**Palm Beach Gardens, FL**  
Zip  
**33410**

City & State  
**Palm Beach Gardens, FL**  
Zip  
**33410**

4. FEI Number  
**47-0862080**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DILEO, DANIEL A**  
**3300 PGA BLVD SUITE 900**  
**PALM BEACH GARDENS FL 33410**

**7. Name and Address of New Registered Agent**

Name  
**Dileo, Daniel A**  
Street Address (P.O. Box Number is Not Acceptable)  
**3300 PGA BLVD suite 330**  
City  
**Palm Beach Gardens** FL Zip Code  
**33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Dileo**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/30/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
**CEO** ☐ Delete  
NAME  
**DILEO, DANIEL A**  
STREET ADDRESS  
**3300 PGA BLVD SUITE 900**  
CITY-ST-ZIP  
**PALM BEACH GARDENS FL 33410**

TITLE  
**CEO** ☐ Delete  
NAME  
**EHRENKRANZ, CHAD D**  
STREET ADDRESS  
**3300 PGA BLVD SUITE 900**  
CITY-ST-ZIP  
**PALM BEACH GARDENS FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 607, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/30/03**

CR2E034 (10/02)