

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050400

1. Entity Name

PALM POINT ENTERPRISES OF FLORIDA, INC.

FILED
SECRETARY OF STATE
CORPORATIONS

00 NOV 13 PM 6:40

Principal Place of Business

Mailing Address

84 HIGHWAY 40 WEST
INGLIS FL 32301

PO BOX 206
INGLIS FL 34449-0206

2. Principal Place of Business

3. Mailing Address

8400 N. OCOEE TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River, FL

Zip

Country

Zip

Country

34428

U.S.A

REINSTATEMENT

59-3281820

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERTOCH, CARL A
537 E PARK AVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

D JON PRICE

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

8400 N. OCOEE TERR

City

CRYSTAL RIVER

FL

Zip Code

34428

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)

11-01-00

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, 2000 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

TITLE D ☐ Delete
NAME BITZER, JO ANN
STREET ADDRESS 2724 DEER BERRY CT
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ Delete
NAME PRICE, ARDIS L
STREET ADDRESS PO BOX 206
CITY-ST-ZIP INGLIS FL 34449

TITLE D ☐ Delete
NAME RUBIN, SEYMOUR
STREET ADDRESS 101 EISENHOWER PKWY
CITY-ST-ZIP ROSELAND NJ 07068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 900003482179--4
STREET ADDRESS -11/30/00--01105--026
CITY-ST-ZIP *****550.00 *****550.00

TITLE ☐ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS ARDIS L. PRICE
CITY-ST-ZIP 8400 N. OCOEE TERR
CRYSTAL RIVER FL 34428

TITLE ☐ Change ☐ Addition
NAME 900003482179--4
STREET ADDRESS -11/30/00--01105--026
CITY-ST-ZIP *****200.00 *****200.00

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

9/24/00

Date

352-795-7334

Daytime Phone #