

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90025 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000060179**

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

Principal Place of Business <b>20491 THE GRANADA          STE 7          DUNNELION FL 34432</b>	Mailing Address <b>20491 THE GRANADA          STE 7          DUNNELION FL 34432</b>
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2. Principal Place of Business <b>3925 N. CALEDONIA DR.</b>	3. Mailing Address <b>3925 N. CALEDONIA DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BEVERLY HILLS, FLORIDA</b>	City & State <b>BEVERLY HILLS, FLORIDA</b>
Zip <b>34465</b>	Zip <b>34465</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number **59-3328706** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**WINROW, THOMAS L  
 16283 SW 57TH ST  
 Ocala FL 34481**

7. Name and Address of New Registered Agent

Name **THOMAS L. WINROW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3925 N. CALEDONIA DRIVE**  
 City **BEVERLY HILLS,** FL Zip Code **34465**

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 Thomas L Winrow - THOMAS L. WINROW - PRESIDENT 1-4-01  
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.

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WINROW, THOMAS 20491 THE GRENADA-STE 7 DUNNELION FL 34432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAVATHAS, SAMUEL A 20491 THE GRENADA-STE 7 DUNNELION FL 34432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WINROW, THOMAS 3925 N. CALEDONIA DRIVE BEVERLY HILLS, FLORIDA 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAVATHAS, SAMUEL A. 3925 N. CALEDONIA DRIVE BEVERLY HILLS, FLORIDA 34465 <input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas L Winrow - THOMAS L. WINROW 1-4-01 352-249-1075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

