

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092371

1. Entity Name  
T & R ROYAL FLORIDA TOURISTIC & RESIDENCE MANAGE

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90098 038 \*\*\*150.00

Principal Place of Business  
700 W LEELAND HEIGHTS BLVD  
STE 300  
LEHIGH ACRES FL 33936  
US

Mailing Address  
P. O. BOX 1555  
LEHIGH ACRES FL 33970  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0629935		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
REISINGER, MONIKA 909 ROOSEVELT AVENUE LEHIGH ACRES FL 33936				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 \_\_\_\_\_ (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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPS	<input type="checkbox"/> Delete		TITLE	DPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REISINGER, ANDREAS			NAME	REISINGER, ANDREAS		
STREET ADDRESS	909 ROOSEVELT AVE			STREET ADDRESS	1061 BAYTREE CT		
CITY-ST-ZIP	LEHIGH ACRES FL			CITY-ST-ZIP	LEHIGH ACRES FL 33936		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REISINGER, WOLFGANG			NAME	REISINGER, WOLFGANG		
STREET ADDRESS	909 ROOSEVELT AVENUE			STREET ADDRESS	909 ROOSEVELT AVENUE		
CITY-ST-ZIP	LEHIGH FL			CITY-ST-ZIP	LEHIGH ACRES FL 33972		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REISINGER, MONIKA			NAME			
STREET ADDRESS	909 ROOSEVELT AVENUE			STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL 33972			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			
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			
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			

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: WOLFGANG REISINGER 04/20/01 (941)-3680753  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)