## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2831 RINGLING BLVD. STE 207-C

SARASOTA FL 34237-5351

## DOCUMENT # P9600009533

1. Entity Name

Principal Place of Business

SARASOTA FL 34237

2831 RINGLING BLVD. STE 207-C

ROYAL PALACE CIRCUS, INC.

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2. Principal Place of Business		3. Mailing Address			(			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-3370588 Applied For Not Applicable				
Zip	Country	Zíp	Country	5.	Certificate of Status Desired	\$8.75 Ad	lditional	
<del></del>	6. Name and Address of Current I	Registered Agent		7.	Name and Address of New Register	ed Agent		
			Name_			د نوم خون چا		
2831	ISKY, HARRY JR. I RINGLING BLVD. STE 207-C ASOTA FL 34237		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
SAI U	A001A 1 E 04207		City	<del></del>		Zip Cod	de	
Tax filing :	Signature, typed or printed name of registered agent a contation is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		0	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	DO May Be	
11.	OFFICERS AND	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBSKY, HARRY SR. 2831 RINGLING BLVD. STE 207-0 SARASOTA FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBSKY, HARRY JR. 2831 RINGLING BLVD. STE 207-0 SARASOTA FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME		□ Delete	TITLE			☐ Change	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.

GNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE: 4

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Addition

☐ Addition

☐ Change

Change

**FILED** 

May 09, 2000 8:00 am Secretary of State

05-09-2000 90011 004 \*\*\*150.00

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