

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90246 039 ***150.00

DOCUMENT # P96000018179

1. Entity Name

MEDALLION HOMES OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

3450 NORTHLAKE BLVD.
STE 211
PALM BEACH FL 33403

P.O. BOX 30476
PALM BEACH GARDENS FL 33420-0476
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4241 B Northlake Blvd
Suite, Apt. #, etc.

P.O. Box 30476
Suite, Apt. #, etc.

City & State
Palm Beach Gardens

City & State
Palm Beach Gardens

4. FEI Number 65-0663200

Applied For
Not Applicable

Zip 33410

Country FL

Zip 33420

Country Pal Bch

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'BRIEN, CHRISTOPHER J
3450 NORTHLAKE BLVD.
STE. 211
PALM BCH GARDEN FL 33403

Name Christopher J. O'Brien
Street Address (P.O. Box Number is Not Acceptable)

4241 B Northlake Boulevard
Palm Beach Gardens FL 33410

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.

SIGNATURE *Christopher J. O'Brien*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/28/00

Res. 4/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS O'BRIEN, CHRISTOPHER J 3450 NORTHLAKE BLVD., STE. 211 PALM BCH GARDENS FL	<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
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	DPS Christopher O'Brien 4241 B Northlake Blvd Palm Beach Gardens FL 33410	<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
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: *Christopher J. O'Brien* Date: 4/28/00 (501) 775-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)