

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102142

1. Entity Name

PALMETTO DUNES, INC.

FILED

00 MAR 10 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3300 S HIAWASSEE RD., STE 107
ORLANDO FL 32835

Mailing Address

PO BOX 4961
ORLANDO FL 32802-4961
US

2. Principal Place of Business

800 N. HIGHLAND AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

4. FEI Number

59-3424585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B&C CORP SERVICES OF CENTRAL FLORIDA, INC
390 N ORANGE AVE
SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

500003178315--7

-03/21/00--01101--010

City

****150.00 FL ****150.00

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)

DATE

LS

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	VPS	<input type="checkbox"/> Delete
NAME	CARLTON, CHARLES	
STREET ADDRESS	3200 S HIAWASSEE RD., STE 206	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	P	<input type="checkbox"/> Delete
NAME	KROPP, STEVEN G	
STREET ADDRESS	3200 S HIAWASSEE RD., STE 206	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	MCKINNEY, EUGENE J	
STREET ADDRESS	3200 S HIAWASSEE RD., STE 206	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	LAWLER, THOMAS	
STREET ADDRESS	3200 S HIAWASSEE RD., STE 206	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WILLNER, DAVID	
STREET ADDRESS	3200 S HIAWASSEE RD., STE 206	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 N. HIGHLAND AVE, SUITE 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 N. HIGHLAND AVE, SUITE 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 N. HIGHLAND AVE, SUITE 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 N. HIGHLAND AVE, SUITE 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 N. HIGHLAND AVE, SUITE 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUTTLE, L. MILLS	
STREET ADDRESS	800 N. HIGHLAND AVE, SUITE 200	
CITY-ST-ZIP	ORLANDO, FL 32803	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN G. KROPP, PRESIDENT

3-1-00

Date

407/297-11600

Daytime Phone #

CR2E034 (9/99)