

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059640

1. Entity Name

ROYALE CHIMES, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90008 027 \*\*\*150.00

Principal Place of Business

Mailing Address

141 5TH STREET NW  
SUITE 100  
WINTER HAVEN FL 33881

141 5TH STREET NW  
SUITE 100  
WINTER HAVEN FL 33881-4642

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3457002**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOVONI, BRIAN R  
141 5TH STREET NW  
SUITE 100  
WINTER HAVEN FL 33881

Name

**BRIAN R. GOVONI**

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

**505 AVENUE A, NW, SUITE 102**

City

**WINTER HAVEN,**

**FL**

Zip Code

**33881-4626**

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

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 **D** ☐ Delete  
NAME **PRATT, ROBERT**  
STREET ADDRESS **131 MOUNT ANNAN DRIVE, KINGS PARK**  
CITY-ST-ZIP **GLASGOW, G44 4RX, SCOTLAND**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GOVONI, BRIAN R.**  
STREET ADDRESS **141 5TH ST, NW, SUITE 100**  
CITY-ST-ZIP **WINTR HAVEN FL 33881**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**863-294-5925**

CR2E034 (9/99)