

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062227

1. Entity Name

ROYAL PALM GULF COAST, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90081 028 \*\*\*150.00

Principal Place of Business

1499 W PALMETTO PARK ROAD  
SUITE 200  
BOCA RATON FL 33486  
US

Mailing Address

27081 MATHESON AVE  
BONITA SPRINGS FL 34135  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1499 West Palmetto Park Road  
Suite, Apt. #, etc.  
Suite 200  
City & State  
Boca Raton Florida

3. Mailing Address

1499 West Palmetto Park Road  
Suite, Apt. #, etc.  
Suite 200  
City & State  
Boca Raton Florida

4. FEI Number 59-3461157

Applied For

Not Applicable

Zip

Country

33486

USA

Zip

Country

33486

USA

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

KODSI, DANIEL  
1499 W PALMETTO PARK ROAD, STE 200  
BOCA RATON FL 33486

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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP KODSI, DANIEL 1499 W PALMETTO PARK ROAD, SUITE 200 BOCA RATON FL 33486	<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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Kodsi

4/24/01

Date

561-347-6844

Daytime Phone #

CR2E034 (10/00)