

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90115 037 ***150.00

651803

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97-000068986

1. Entity Name

TWO TALLS OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

408 Park Avenue
Lake Park, FL 33403

2. Principal Place of Business

3. Mailing Address

408 Park Avenue
Suite, Apt. #, etc.

408 Park Avenue
Suite, Apt. #, etc.

City & State
Lake Park, FL

City & State
Lake Park, FL

Zip
33403

Country
USA

Zip
33403

Country
USA

4. FEI Number

65-0774486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Drennen L. Whitmire, Jr.,
500 S. Australian Avenue, Suite 800
West Palm Beach, FL 33401

7. Name and Address of New Registered Agent

Name

Drennen L. Whitmire, Jr.

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

Fleming, Haile & Shaw, P.A.

450 Royal Palm Way, Sixth Floor

City

Palm Beach

FL

Zip Code

33480

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.

Drennen L. Whitmire, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/00

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

TITLE D
NAME Deborah Reiter
STREET ADDRESS 408 Park Avenue
CITY-ST-ZIP Lake Park, FL 33403 ☐ Delete

TITLE D
NAME Alice E. Gold
STREET ADDRESS 104 Yacht Club Drive
CITY-ST-ZIP Jupiter, FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)