

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000078875**1. Entity Name
C. ROYALE PROPERTIES, INC.**Principal Place of Business**877 EXECUTIVE CENTER DRIVE WEST
SUITE 303, GLADES BUILDING
ST PETERSBURG FL
33702**Mailing Address**877 EXECUTIVE CENTER DRIVE WEST
SUITE 303, GLADES BUILDING
ST PETERSBURG FL
33702**2. Principal Place of Business**

475 CENTRAL AVENUE

3. Mailing Address

475 CENTRAL AVENUE

Suite, Apt. #, etc.

SUITE M-8, KRESS BUILDING

Suite, Apt. #, etc.

SUITE M-8, KRESS BUILDING

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33701

Country

US

Zip

33701

Country

US

4. FEI Number

59-3467290

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
877 EXECUTIVE CENTER DRIVE WEST
SUITE 303, GLADES BUILDING
ST PETERSBURG FL
33702 US**7. Name and Address of New Registered Agent**

Name

MASCARA ERNEST L

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

475 CENTRAL AVENUE

SUITE M-8, KRESS BUILDING

City

ST PETERSBURG FL

Zip Code

33701

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 **ERNEST L. MASCARA****04/30/2001**

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**

TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUSCINO ANTHONY J	
STREET ADDRESS	675 PENFIELD STREET	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	PVPT	<input type="checkbox"/> Delete
NAME	BRUSCINO ANTHONY J	
STREET ADDRESS	675 PENFIELD STREET	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSCINO ANTHONY J	
STREET ADDRESS	675 PENFIELD STREET	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	PVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSCINO ANTHONY J	
STREET ADDRESS	675 PENFIELD STREET	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ANTHONY J. BRUSCINO

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)