

2000 UNIFORM BUSINESS REPORT (UBR)

000468

DOCUMENT # P97000100314

1. Entity Name

ROCKWOOD REALTY ASSOCIATES, INC.

FILED

00 APR -4 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

701 U.S. HIGHWAY ONE
SUITE 402
N PALM BEACH FL 33408

555 FIFTH AVE
C/O ROCKWOOD REALTY LLC
NEW YORK NY 10017-2416
US

2. Principal Place of Business

3. Mailing Address

3801 PGA Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 805

City & State

Palm Beach Gardens, FL

City & State

Zip
33410

Country

Zip

Country

4. FEI Number 65-0798394

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 Agent

7. Name and Address of New Registered Agent

GARY, JOHN W III
701 U.S. HIGHWAY ONE
SUITE 402
N PALM BEACH FL 33408

Name

Magee, John W.

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

3801 PGA Boulevard Suite 805

City

Palm Beach Gardens

FL

Zip Code

33410

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 ☐ Delete
NAME D
STREET ADDRESS MAGEE, JOHN W
CITY-ST-ZIP 701 U.S. HIGHWAY ONE, SUITE 402
N PALM BEACH FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Magee, John W.
STREET ADDRESS 555 Fifth Ave, 5th Fl
CITY-ST-ZIP New York, NY 10017

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

700003211627-2
-04/17/00-01029027
****350.00 ****150.00

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/00

212 286 5800

KE

CR2E034 (9/99)