

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000044270**

1. Entity Name

**COURTYARD GARDENS OF ROYAL PALM BEACH, INC.**

Principal Place of Business

**1790 INDIAN CREEK DR.  
JUPITER FL 33458**

Mailing Address

**1790 INDIAN CREEK DR.  
JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0833429**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**OLMSTEAD, LOWELL E JR.  
1790 INDIAN CREEK DR.  
JUPITER FL 33458**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	OLMSTEAD, LOWELL E JR.	
STREET ADDRESS	108 N. RIVER DR. W.	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE	VD	<input type="checkbox"/> Delete
NAME	PECK, GEORGE C	
STREET ADDRESS	11907 TURTLE BEACH RD.	
CITY-ST-ZIP	N. PALM BCH FL 33408	

TITLE	TD	<input type="checkbox"/> Delete
NAME	CESTONE, VINCENT II	
STREET ADDRESS	7 RIDGE RD.	
CITY-ST-ZIP	W. ORANGE NJ 07052	

TITLE	S	<input type="checkbox"/> Delete
NAME	PHILLIPS, DEBORAH	
STREET ADDRESS	43 IRONWOODWAY NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

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		<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		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		
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 #

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90039 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0316248

CR2E034 (10/00)