

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078534

1. Entity Name

PRESTIGE INLET ESTATES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91170 001 ***300.00

Principal Place of Business

Mailing Address

LEWIS SPEEDWAY
AUGUSTINE FL 32095

3950 LEWIS SPEEDWAY
ST. AUGUSTINE FL 32084-6717

15501

2. Principal Place of Business

2676 US 1 SOUTH
Suite, Apt. #, etc.

3. Mailing Address

2676 US 1 SOUTH
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ST AUGUSTINE FL

City & State
ST AUGUSTINE FL

4. FEI Number 59-3540054

Applied For
Not Applicable

Zip Country
32086 ST JOHNS

Zip Country
32086 ST JOHNS

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

6. Name and Address of Current Registered Agent

LAURENCE, ROBERT J.L.
509 TURNBERRY LANE
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name ROBERT M. GRAUBARD
Street Address (P.O. Box Number is Not Acceptable)
2676 US 1 SOUTH
City ST AUGUSTINE FL Zip Code 32086

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] ROBERT M. GRAUBARD, PRESIDENT 4/27/00
(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

TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	LAURENCE, ROBERT J.L.	
STREET ADDRESS	509 TURNBERRY LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAUBARD, ROBERT	
STREET ADDRESS	33 WATER STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
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		
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	PDT S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2676 US 1 SOUTH	
CITY-ST-ZIP	32086	
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
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

904 797-5071
Daytime Phone *