

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/15/00-90087-008-\$150.00-\$150.00

**DOCUMENT # P99000031700**

1. Entity Name

**PALMS OF PARADISE, INC.**

**FILED**

**00 MAR 31 PM 1:34**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

|  |   |
|--|---|
| Principal Place of Business<br>2735 BRANDY BUCK TRAIL<br>JACKSONVILLE FL 32223 | Mailing Address<br>2735 BRANDY BUCK TRAIL<br>JACKSONVILLE FL 32223-1846 |
|--|---|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                             |                               |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br>59-3567714 | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                         | Country                       |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

8. Name and Address of Current Registered Agent

**FARRIS, JULIAN E**  
2735 BRANDY BUCK TRAIL  
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name: **MONTGOMERY JAMES A**  
Street Address (P.O. Box Number is Not Acceptable): **2735 BRANDYBUCK TRAIL**  
City: **JACKSONVILLE** FL ZIP Code: **32223**

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: JAMES A. MONTGOMERY *James A. Montgomery* 3/13/2000  
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  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HARRIS JULIAN E</b>       | <i>NOTE CORRECT SPELLING!</i>              |
| STREET ADDRESS | <b>P.O. BOX 24694</b>        |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32241</b> |  |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>FARRIS, JULIAN E</b>       |  |
| STREET ADDRESS | <b>P.O. Box 24694</b>         |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE, FL 32241</b> |  |
| TITLE          | <b>PARTNER</b>                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>JAMES A. MONTGOMERY</b>    |  |
| STREET ADDRESS | <b>P.O. BOX 24694</b>         |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE, FL 32241</b> |  |
| 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: JAMES A. MONTGOMERY *James A. Montgomery* 3/13/2000 904 268 0277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 11-2-11111

**SP**