

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000076031

1. Entity Name

OLD PORT COVE INVESTMENTS INC.

FILED
May 10, 2000 8:00 am
Secretary of State

04-03-2000 90160 031 ***150.00

Principal Place of Business

4400 PGA BOULEVARD
SUITE 303
PALM BEACH GARDENS FL 33410

Mailing Address

4400 PGA BOULEVARD
SUITE 303
PALM BEACH GARDENS FL 33410-6556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, DAVID F
900 EAST INDIANTOWN ROAD
SUITE 301
JUPITER FL 33477

Name

TAYLOR, DAVID F.

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

4400 PGA BLVD SUITE #303

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 VICE PRESIDENT/SECRETARY ☐ Delete
NAME DAVID C. FISCHER
STREET ADDRESS 4400 PGA BLVD - SUITE #303
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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

TITLE PRESIDENT/TREASURER ☐ Delete
NAME DAVID F. TAYLOR
STREET ADDRESS 4400 PGA BLVD - SUITE #303
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

CR2E034 (9/99)