

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39585

1. Entity Name

PALM COVE REALTY, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90050 014 ***150.00

Principal Place of Business

4808 KENSINGTON PARK BR.
ORLANDO FL 32819
US

Mailing Address

2100 TERRACE BLVD.
LONGWOOD FL 32779-4857

2. Principal Place of Business

4814 Kensington Park Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-3057974

Applied For

Not Applicable

Zip

32819

Country

US

Zip

Country

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

SILLIMAN, WILLIAM M
4802 KENSINGTON PARK BLVD.
ORLANDO FL 32819

Name

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

4814 Kensington Park Blvd.

City

Orlando

FL

Zip Code

32819

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 REICHE, ROBERT B
STREET ADDRESS 4808 KENSINGTON PARK BLVD.
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME 4814 Kensington Park Blvd.
STREET ADDRESS Orlando, FL 32819
CITY-ST-ZIP

TITLE ☐ Delete
NAME SILLIMAN, WILLIAM M
STREET ADDRESS 4808 KENSINGTON PARK BLVD.
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME 4814 Kensington Park Blvd.
STREET ADDRESS Orlando, FL 32819
CITY-ST-ZIP

TITLE ☐ Delete
NAME VST
STREET ADDRESS CLARK, CHARLES L
CITY-ST-ZIP 7354 SPARKLING LAKE RD.
ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME 11272 Papyrus Lane
STREET ADDRESS Orlando, FL 32821
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 #

CR2E034 (9/99)