

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**  
 02-29-2000 90183 006 \*\*\*150.00

**DOCUMENT # S81109**

1. Entity Name  
**ROYAL PALM CENTRE II, INC.**

Principal Place of Business

Mailing Address

100 SECOND AVE. SOUTH  
 SUITE 800  
 ST. PETERSBURG FL 33701

100 SECOND AVE. SOUTH  
 SUITE 800  
 ST. PETERSBURG FL 33701-4337

2. Principal Place of Business

3. Mailing Address

**2500 Aaron St.**  
 Suite, Apt. #, etc.

**475 Central Ave**  
 Suite, Apt. #, etc.

City & State  
**Port Charlotte FL**

City & State  
**St. Petersburg FL**

Zip  
**33952** Country  
**USA**

Zip  
**33701** Country  
**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUMANS, CHRISTOPHER S.**  
**100 2ND AVE S, STE 800**  
**ST. PETERSBURG FL 33701**

Name

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

**475 Central Ave Suite 202**

City **St. Petersburg** FL Zip Code **33701**

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 **Chris Youmans President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/28/00**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOUGH, WILLIAM R.</b>	
STREET ADDRESS	<b>100 2ND AVE S. STE 800</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>PTAS</b>	<input type="checkbox"/> Delete
NAME	<b>YOUMANS, CHRIS</b>	
STREET ADDRESS	<b>100 2ND AVE S. STE 800</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FEINBERG, HELEN H.</b>	
STREET ADDRESS	<b>100 2ND AVE S. STE 800</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HOUGH, W. ROBB JR.</b>	
STREET ADDRESS	<b>100 2ND AVE S. STE 800</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>475 Central Ave Suite 202</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33701</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		
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 #

**1/28/00 727 894 8232**

CR2E034 (9/99)