

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

2500 Arson St. **475 Central Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 202

City & State City & State

Port Charlotte FL **St. Petersburg FL**

Zip Country Zip Country

33952 USA **33701 USA**

4. FEI Number Applied For

59-3084389 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

475 Central Ave Suite 202

City State Zip Code

St. Petersburg FL 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* DATE 1/28/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	D	<input type="checkbox"/> Delete
NAME	HOUGH, WILLIAM R.	
STREET ADDRESS	100 2ND AVE S. STE 800	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PTAS	<input type="checkbox"/> Delete
NAME	YOUMANS, CHRIS	
STREET ADDRESS	100 2ND AVE S. STE 800	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEINBERG, HELEN H.	
STREET ADDRESS	100 2ND AVE S. STE 800	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOUGH, W. ROBB JR.	
STREET ADDRESS	100 2ND AVE S. STE 800	
CITY-ST-ZIP	ST. PETERSBURG FL	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	475 Central Ave Suite 202	
CITY-ST-ZIP	St. Petersburg, FL 33701	
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: *Chris Youmans* Date 1/28/00 Daytime Phone # 727 894 8232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)