

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90098 002 \*\*\*150.00

609148



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # S81109</b> 1. Entity Name <b>ROYAL PALM CENTRE II, INC.</b>																																																																																																																																																															
Principal Place of Business <b>2500 AURAN STREET          PORT CHARLOTTE FL 33952          US</b>		Mailing Address <b>475 CENTRAL AVENUE          SUITE 202          SAINT PETERSBURG FL 33701          US</b>																																																																																																																																																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																													
City & State		City & State																																																																																																																																																													
Zip	Country	Zip	Country																																																																																																																																																												
4. FEI Number <b>59-3084389</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																																																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																																																																															
6. Name and Address of Current Registered Agent  <b>YOUMANS, CHRISTOPHER S.          475 CENTRAL AVENUE, SUITE 202          ST. PETERSBURG FL 33701</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																															
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																																																																																																																																																													
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>11. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 48%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOUGH, WILLIAM R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 2ND AVE S. STE 800</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. 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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 (10/00)