

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18063

1. Entity Name

WHITE PALM REAL ESTATE, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90296 049 ***150.00

Principal Place of Business

Mailing Address

PO BOX 811135
BOCA RATON FL 33481-1135

PO BOX 811135
BOCA RATON FL 33481-1135

2. Principal Place of Business

3. Mailing Address

3299 NW 2 Ave
Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State

Zip
33431

Country
USA

Zip

Country

4. FEI Number 65-0318730

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

RUSTINE, DAVID A
4770 N W 2ND AVENUE, STE D
BOCA RATON FL 33431

Name

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

3299 NW 2 Ave #200
Boca
City Boca Raton FL Zip Code 33431

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
RUSTINE, DAVID A
4770 N W 2ND AVENUE, STE D
BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3299 NW 2 Ave #200
Boca Raton, FL 33431 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 #

Signature: David Rustine 4/18/00 (561) 997-8000