

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V68971

1. Entity Name

ROYAL PALM SOFTWARE, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91053 001 ***450.00

Principal Place of Business

Mailing Address

~~840 ROYAL PALM BEACH~~
~~3RD FLOOR~~
PALM BEACH FL 33480

~~840 ROYAL PALM BEACH~~
~~3RD FLOOR~~
PALM BEACH FL 33480

2. Principal Place of Business

232A ROYAL PALM WAY

3. Mailing Address

232A ROYAL PALM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0492180

Applied For
Not Applicable

Zip

Country

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

DURLAND, STEPHEN H
~~340 ROYAL PALM WAY~~
~~3RD FLOOR~~
PALM BEACH FL 33480

Name

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

232A ROYAL PALM WAY

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

20 APR 01

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, 2001 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 PD ☐ Delete
NAME DURLAND, STEPHEN H.
STREET ADDRESS 340 ROYAL PALM WAY, 3RD FLR
CITY-ST-ZIP PALM BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 232A ROYAL PALM WAY
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
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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

STEPHEN H. DURLAND

Date

4/20/01 561 822 9995

Daytime Phone #

CR2E034 (10/00)