

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00076

1. Entity Name
PALM VILLAS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business

% STEVEN W. MACRIS
609 S TAMiami TRAIL
VENICE FL 34285

Mailing Address

% STEVEN W. MACRIS
609 S TAMiami TRAIL
VENICE FL 34285

2. Principal Place of Business

200 CAPRI ISLES BLVD

3. Mailing Address

200 CAPRI ISLES BLVD

Suite, Apt. #, etc.

~~VENICE~~

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

VENICE, FL

4. FEI Number

65-0100192

Applied For

Not Applicable

Zip

34292

Country

U.S.

Zip

34292

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACRIS, STEVEN W.
609 S TAMiami TRAIL
VENICE FL 34285

7. Name and Address of New Registered Agent

Name

STEVEN W. MACRIS

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

227 Pensacola Road

City

Venice

FL

Zip Code

34285

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

July 10, 2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE M ☐ Delete
NAME GOOD DEAL INVESTMENTS, IN
STREET ADDRESS 443 ROYAL FLAMINGO DR E
CITY-ST-ZIP SARASOTA FL

TITLE M ☐ Delete
NAME R.D.I. DEVELOPMENT, INC.
STREET ADDRESS 2401 WEST BAY DR., #122
CITY-ST-ZIP LARGO FL

TITLE M ☐ Delete
NAME A. LINEA WILD TRUST
STREET ADDRESS 2401 WEST BAY DR., #122
CITY-ST-ZIP LARGO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500003350515--2
CITY-ST-ZIP -08/09/00--01032--019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

[Signature] REFOUNDED MANAGER 7/19/00

Date

Daytime Phone #

CR2E083 (5/00)