

2000 UNIFORM BUSINESS REPORT (UBR)

091400

DOCUMENT # F97000003089

1. Entity Name

PALMCO MANAGEMENT INCORPORATED

FILED

00 OCT -5 PM 2:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 34 E 61ST ST NEW YORK NY 10021 US		Mailing Address 34TH E 61ST NEW YORK NY 10021 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-3957826		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GIARDI, DAVID
C/O AQUATERRA
230 SUNRISE AVE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name: CORPORATION SERVICE COMPANY
 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST
 City: TALLAHASSEE FL Zip Code: 32301

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: *Deborah D. Skipper*
Signature, typed or printed name of registered agent and title if applicable.Deborah D. Skipper
as its agent10-2-00
DATE

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete
 NAME: PALMER, CHARLES R
 STREET ADDRESS: 34 EAST 61ST ST
 CITY-ST-ZIP: NEW YORK NY 10021

TITLE: STD ☐ Delete
 NAME: GRACE, OLIVER R JR
 STREET ADDRESS: 55 BROOKVILLE RD, P.O. BOX 163
 CITY-ST-ZIP: NEW YORK NY 11545

TITLE: ☐ Delete
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TITLE: ☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.11.00

Date

(312) 980-0369

Daytime Phone #

CR2E034 (5/00)