

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000000978**

1. Entity Name

**RPS MANAGEMENT COMPANY, INC.**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90092 021 \*\*\*158.75

Principal Place of Business

Mailing Address

**818 W. BROOKS AVE.  
 NORTH LAS VEGAS NV 89030**

**818 W. BROOKS AVE.  
 NORTH LAS VEGAS NV 89030-7828**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**33-0601404**

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

**SCHAEFFER, NEIL  
 27121 EDENBRIDGE COURT  
 BONITA SPRINGS FL 34135**

Name

**Neil Schaeffer**

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

**8452 Gardens Circle #4**

City

**Sarasota**

**FL**

Zip Code  
**34243**

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

**Neil Schaeffer**

**1/20/00**

(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  Delete  
 NAME **PTD BIRD, ALLAN S**  
 STREET ADDRESS **818 W. BROOKS AVE.**  
 CITY-ST-ZIP **NORTH LAS VEGAS NV 89030**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VS GREEN, PATRICIA M**  
 STREET ADDRESS **333 S. JUNIPER ST. #217**  
 CITY-ST-ZIP **ESCONDIDO CA 92025**

TITLE  Change  Addition  
 NAME **Patricia M. Green**  
 STREET ADDRESS **818 West Brooks Avenue**  
 CITY-ST-ZIP **North Las Vegas, Nevada 89030**

TITLE  Delete  
 NAME **DV BIRD, JOSHUA D**  
 STREET ADDRESS **818 W. BROOKS AVE.**  
 CITY-ST-ZIP **NORTH LAS VEGAS NV 89030**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Patricia M. Green*

**Patricia M. Green**

**1/20/00**

**(702)313-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #