

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J74621

1. Entity Name

RFG GENERAL CONTRACTORS, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90032 033 ***150.00

Principal Place of Business

Mailing Address

11900 SE SHELL AVE
825 PARKWAY ST. #10
HOBE SOUND FL 33455-3409
US

11900 S. E. SHELL AVENUE
HOBE SOUND FL 33455-3409
US

2. Principal Place of Business

11900 S.E. Shell Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Zip

33455-3409

Country
Martin

Country

4. FEI Number

59-2810987

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

GLADWIN, RANSOM F., III
11900 S.E. SHELL AVENUE
HOBE SOUND FL 33455

Name

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

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

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	PD GLADWIN, RANSOM F., III 11900 S. E. SHELL AVENUE HOBE SOUND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLADWIN, ROSALYN R. 5373 POINT LANE EAST JUPITER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BANNON, TERESA A. 194 HAMPTON PLACE JUPITER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

561-546-1500

Date

Daytime Phone #

CR2E034 (9/99)