

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90127 037 ***150.00

DOCUMENT # **P94000092000(6)**

1. Entity Name

RUDI PROPERTIES INC.

Principal Place of Business

Mailing Address

Bruce B. VEGHTE
418 MIDWAY ISLAND
CLEARWATER, FL 33767

SAME

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

59-3282845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Bruce B. VEGHTE
418 MIDWAY ISLAND
CLEARWATER, FL 33767

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	DIRECTOR	☐ Delete
NAME	RUTH W. VEGHTE	
STREET ADDRESS	418 MIDWAY ISLAND	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	DIRECTOR	☐ Delete
NAME	RICHARD C. VEGHTE	
STREET ADDRESS	418 MIDWAY ISLAND	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	DIRECTOR	☐ Delete
NAME	JOHN W. VEGHTE	
STREET ADDRESS	418 MIDWAY ISLAND	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	DIRECTOR	☐ Delete
NAME	BRUCE B. VEGHTE	
STREET ADDRESS	418 MIDWAY ISLAND	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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		
TITLE		☐ Change ☐ Addition
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:

RICHARD C. VEGHTE
DIRECTOR

2/29/00

Date

Daytime Phone #

CR2E034 (9/99)