

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000143**

1. Entity Name

RTL HOLDINGS I, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 AM 10:33

Principal Place of Business

17 SOUTH STREET
PORTLAND ME 04101

Mailing Address

17 SOUTH STREET
PORTLAND ME 04101-3914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3344879

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~LEVINE, ARTHUR~~
~~2180 IBIS ISLE, #5~~
~~PALM BEACH FL 33480~~

7. Name and Address of New Registered Agent

Name **Joseph R. Willis CPA**
Street Address (P.O. Box Number is Not Acceptable)
2608 N. Dixie Highway
City **WPB** FL Zip Code **33407**

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

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

Joseph R. Willis
(NOTE: Registered Agent signature required when reinstating)

1/14/00
DATE

9. Capital Contributions
as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F97000000254**
NAME **RTL HOLDINGS, INC.**
STREET ADDRESS **17 SOUTH STREET**
CITY - ST - ZIP **PORTLAND ME 04101**

STREET ADDRESS
CITY - ST - ZIP **400003123224--8**
-02/03/00--01103--004
*******526.25 *****526.25**

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Robert A. Herms
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/14/00 **(207) 871-0036**
Date Daytime Phone #