

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020782

1. Entity Name

6-R RODEO COMPANY

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90254 018 ***150.00

Principal Place of Business

31720 WASHINGTON LOOP RD.
 PUNTA GORDA FL 33982
 US

Mailing Address

31720 WASHINGTON LOOP RD.
 PUNTA GORDA FL 33982-9559
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Punta Gorda FL

City & State

Punta Gorda FL

4. FEI Number

65-0655008

Applied For

Not Applicable

Zip

Country

33982

US

Zip

Country

33982

US

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

MURPHY, ROBERT
 46464 FARABEE ROAD
 PUNTA GORDA FL 33982

Name Same

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

31720 Washington Loop Rd

City

Punta Gorda

FL

Zip Code

33982

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 Murphy

[Signature]

5-1-00

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	D	☐ Delete
NAME	MURPHY, ROBERT	
STREET ADDRESS	46464 FARABEE ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	D	☐ Delete
NAME	MURPHY, STACI D	
STREET ADDRESS	46464 FARABEE ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Robert Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00 941-505-8414

CR2E034 (9/99)