

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 287977

1. Entity Name

RUPERT MILLER REALTY, INC.

Principal Place of Business

PO BOX 12  
VALPARAISO FL 32580

Mailing Address

PO BOX 12  
VALPARAISO FL 32580

2. Principal Place of Business

RETIRED

Suite, Apt. #, etc.

N/A

3. Mailing Address

HOME  
Box 12

Suite, Apt. #, etc.

City & State

N/A

City & State

VALPARAISO

Zip

Country

32580

Country

OKALOSA

4. FEI Number

59-1095249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, RUPERT  
UNIT #34 HIDDEN COVE  
VALPARAISO FL 32580

7. Name and Address of New Registered Agent

Name

N/A

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

*Rupert G. Miller*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-2001

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, RUPERT	
STREET ADDRESS	UNIT #34 HIDDEN COVE	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	POWELL, CAROL	
STREET ADDRESS	RT 1	
CITY-ST-ZIP	PAOLI OK	
TITLE	SV	<input type="checkbox"/> Delete
NAME	MILLER, JANET	
STREET ADDRESS	UNIT #34 HIDDEN COVE	
CITY-ST-ZIP	VALPARAISO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Rupert G. Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2001 678-5783

Date

Daytime Phone #

0469873

CR2E034 (10/00)

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90011 034 \*\*\*150.00

00008010



DO NOT WRITE IN THIS SPACE