

# 2002 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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, 2002 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 ☐ Delete

NAME  
P MILLER, RUPERT  
STREET ADDRESS  
UNIT #34 HIDDEN COVE  
CITY-ST-ZIP  
VALPARAISO FL

TITLE ☐ Delete

NAME  
T POWELL, CAROL  
STREET ADDRESS  
RT 1  
CITY-ST-ZIP  
PAOLI OK

TITLE ☐ Delete

NAME  
SV MILLER, JANET  
STREET ADDRESS  
UNIT #34 HIDDEN COVE  
CITY-ST-ZIP  
VALPARAISO FL

TITLE ☐ Delete

NAME  
LION OK  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
LION OK  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
LION OK  
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

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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 08, 2002 8:00 am  
Secretary of State

01-08-2002 90003 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

00869208 AT

CR2E034 (9/01)