

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 425821

Entity Name RCR Holdings Inc.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90010 003 ***150.00

Principal Place of Business Mailing Address
 3 Grove Isle #1503 25003 N. Fork River Rd
 Miami, FL 33122 Abingdon, VA 24210

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1468706 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
 Walton C McCall
 355 S. Ocean Dr #401
 Ft. Pierce, FL 34949
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 | PTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Ritchey, Richard C | | NAME | | |
| STREET ADDRESS | 3 Grove Isle #1503 | | STREET ADDRESS | | |
| CITY-ST-ZIP | Miami, FL 33122 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LISK, Lawrence M | | NAME | | |
| STREET ADDRESS | 25003 N. Fork River Rd | | STREET ADDRESS | | |
| CITY-ST-ZIP | Abingdon VA 24210 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: [Signature] 5/16/00 540-944-4809
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)