

P2 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 01, 2002 8:00 am
Secretary of State

02-17-2002 90031 027 ***150.00

DOCUMENT # 4628161. Entity Name
RED ROVER, INC.

Principal Place of Business

**1900 SW 60TH AVENUE
OCALA FL 34474
US**

Mailing Address

**1900 SW 60TH AVENUE
OCALA FL 34474
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1607513

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

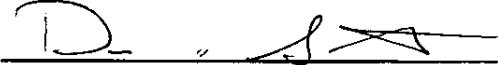
**HARRIS, PATRICIA A.
5850 S.W. STATE RD. 200
OCALA FL 34476**

7. Name and Address of New Registered Agent

**Name
Steimle, Don
Street Address (P.O. Box Number is Not Acceptable)
3810 NW Blitchton Road****City Ocala FL Zip Code 34482**

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

TITLE P
NAME STEIMLE, DON ☐ Delete
STREET ADDRESS 1900 S.W. 60TH AVENUE
CITY-ST-ZIP Ocala FL**TITLE V** ☒ Delete
NAME BOYLE, MARLENE R.
STREET ADDRESS 5850 S.W. ST. RD. 200
CITY-ST-ZIP Ocala FL**TITLE S** ☒ Delete
NAME HARRIS, PATRICIA A.
STREET ADDRESS 5850 S.W. ST. RD. 200
CITY-ST-ZIP Ocala FL**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Addition
NAME Steinbrenner, Harold Z.
STREET ADDRESS 1 Steinbrenner Drive
CITY-ST-ZIP Tampa, FL 33614**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:  SIGNATURE REQUIRED Don Steimle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

Date

352/732-3131

Daytime Phone #

CR2E034 (9/01)