

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 551250

1. Entity Name

RARE EARTH PROPERTIES, INC.

Principal Place of Business

1250 ROGERS ST.
P.O. BOX 2946
CLEARWATER FL 34617
US

Mailing Address

PO BOX 2946
P.O. BOX 2946
CLEARWATER FL 33757-2946
US

2. Principal Place of Business

2300 ALLIGATOR CRK RD.

3. Mailing Address

2300 ALLIGATOR CRK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

CLEARWATER

4. FEI Number

59-1787500

Applied For

Not Applicable

Zip

33765

Country

USA

Zip

33765

Country

USA

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

ROGERO, ALBERT L JR
1985 SEVER DR.
CLEARWATER FL 33764

DECEASED

Name

MARY ROGERO

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

2300 ALLIGATOR CRK RD.

City

CLEARWATER

FL

Zip Code

33765

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

Mary Rogero

4-20-00

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	ST	<input checked="" type="checkbox"/> Delete
NAME	ROGERO, ALBERT L JR	
STREET ADDRESS	1985 SEVER DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	CV	<input checked="" type="checkbox"/> Delete
NAME	ROGERO, ALBERT L JR	
STREET ADDRESS	1985 SEVER DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERO, MARY M	
STREET ADDRESS	1985 SEVER DRIVE 2300 ALLIGATOR CRK	
CITY-ST-ZIP	CLEARWATER, FL 00000 33765	
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		

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ROGERO	
STREET ADDRESS	2300 ALLIGATOR CREEK RD.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	CV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ROGERO	
STREET ADDRESS	2300 ALLIGATOR CREEK RD.	
CITY-ST-ZIP	CLEARWATER FL 33765	
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-23-2000 90243 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

4-20-00 727-725-1911