

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 570204

1. Entity Name

RAHAL SUMMER, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90018 029 ***150.00

Principal Place of Business

4204 LAFAYETTE STR
MARIANNA FL 32446-0700
US

Mailing Address

P.O. BOX 700
MARIANNA FL 32447
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-0937240**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAHAL, QUEN
4204 LAFAYETTE STREET
MARIANNA FL 32446

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RAHAL, QUEN
STREET ADDRESS 4204 WEST LAFAYETTE STREET
CITY-ST-ZIP MARIANNA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE A ☐ Delete
NAME RAHAL, ANN
STREET ADDRESS 4204 WEST LAFAYETTE ST
CITY-ST-ZIP MARIANNA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GARCIA, JORGE
STREET ADDRESS 2678 CHOCTAW TRAIL
CITY-ST-ZIP MARIANNA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SCHMITZ, MIKE
STREET ADDRESS OFF OZARK ROAD
CITY-ST-ZIP NEWTON AL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME FUNDERBURK, SUE
STREET ADDRESS 2998 RUSS ROAD
CITY-ST-ZIP MARIANNA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MILLER, RICKY D
STREET ADDRESS 4532 RED OAK TRACE
CITY-ST-ZIP MARIANNA FL 32446

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

Daytime Phone #

CR2E034 (10/00)