

2002 UNIFORM BUSINESS REPORT (UBR)

0005802 AT

DOCUMENT # **A99000000316**

1. Entity Name

RCW HOLDINGS, LTD.

FILED

02 JUL -1 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

**704 OVERLOOK TRAIL
PORT ORANGE FL 32127**

Mailing Address

**704 OVERLOOK TRAIL
PORT ORANGE FL 32127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3571934

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

**WILLIAMS, ROBERT C
704 OVERLOOK TRAIL
PORT ORANGE FL 32127**

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.

DATE

9. Capital Contributions
as Shown on record.

\$3,686,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

3,686,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L99000001106**
NAME **TREBOR EQ, LLC**
STREET ADDRESS **704 OVERLOOK TRAIL**
CITY-ST-ZIP **PORT ORANGE FL 32127**

STREET ADDRESS

CITY-ST-ZIP

200006225532--6
-07/05/02--01060--002
*******88.75 *****88.75**

DOCUMENT # **WILLIAMS, ROBERT C**
NAME **704 OVERLOOK TRAIL**
STREET ADDRESS **PORT ORANGE FL 32127**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200006225532--6
-07/05/02--01060--003
*******437.50 *****437.50**

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-02

386 679-7696

Date

Daytime Phone #

CR2E003 (9/01)