

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B980000000113

1. Entity Name

RMC REALTY COMPANIES, LTD.

Principal Place of Business

1733 WEST FLETCHER AVENUE
TAMPA FL 33612

Mailing Address

1733 WEST FLETCHER AVENUE
TAMPA FL 33612

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3495502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJM



FILED

01 MAY 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEHRENFELD, CRAIG E C/O BARNETT, BOLT, KIRKWOOD & LONG, P.A. 601 BAYSHORE BLVD., SUITE 700 TAMPA FL 33606		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. Capital Contributions
as Shown on record.

\$100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #	P97000104186	STREET ADDRESS	
NAME	SBLR ENTERPRISES, INC.	CITY-ST-ZIP	500004422105--4
STREET ADDRESS	1733 WEST FLETCHER AVENUE		-06/15/01--01045--019
CITY-ST-ZIP	TAMPA FL 33612		***526.25 ***526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-24-01 813-960-8154

CR2E003 (11/00)

0008689 AF