2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F01688 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** R.R.V. ASSOCIATES, INC. 01-20-2000 90110 015 ***150.00 Principal Place of Business Mailing Address 40 CUTTERMILLR RD STE 509 40 CUTTERMILLR RD STE 509 **GREAT NICK NY 11021** GREAT NICK NY 11021 -2. Principal Place of Business 3. Mailing Address 40 Cuttermill 40 Cuttermill Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE suite Suite 201 Applied For 4. FEI Number City & State City & State 59-2141859 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 11021 Fee Required UJA 11021 6. Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent --Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 **PST** TITLE ☐ Addition ☐ Delete TITLE BLUM, BENTLEY J NAME NAME STREET ADDRESS STREET ADDRESS 15811 FISHER ISLAND DR CITY-ST-ZIP CITY-ST-7/P FISHER ISLAND FL ☐ Addition ☐ Defete ☐ Change TITLE TITLE BLUM, BENTLEY J. NAME NAME STREET ADDRESS STREET ADDRESS 15811 FISHER ISLAND DR CITY_ST-7IP CITY-ST-ZIP FISHER ISLAND FL .Change. ☐ Addition - Delete JITLE KARLIK, JERRY NAME STREET ADDRESS STREET ADDRESS 40 CUTTERMILL ROAD CITY-ST-ZIE CITY-ST-ZIP **GREAT NECK NY 11021** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TILLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.