

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F34880

1. Entity Name  
RGE DISTRIBUTING COMPANY, INC. ✓

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90014 004 \*\*\*550.00

Principal Place of Business

620 MT VERNON ST  
OLDSMAR FL 34677  
US

Mailing Address

PO BOX 68  
OLDSMAR FL 34677  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2108541**

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

EMSLIE, RICHARD G JR  
620 MT VERNON ST  
OLDSMAR FL 34677

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | S                      | <input type="checkbox"/> Delete |
| NAME           | EMSLIE, RICHARD G JR   |                                 |
| STREET ADDRESS | 3909 WELLINGTON CIRCLE |                                 |
| CITY-ST-ZIP    | PALM HARBOR FL         |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | EMSLIE, RICHARD G      |                                 |
| STREET ADDRESS | 2122 PADDOCK CIR       |                                 |
| CITY-ST-ZIP    | DUNEDIN, FLORIDA 00000 |                                 |
| TITLE          | DPT                    | <input type="checkbox"/> Delete |
| NAME           | EMSLIE, RICHARD G JR   |                                 |
| STREET ADDRESS | 3909 WELLING CIRCLE    |                                 |
| CITY-ST-ZIP    | PALM HARBOR FL         |                                 |
| TITLE          | V                      | <input type="checkbox"/> Delete |
| NAME           | EMSLIE, RICHARD G JR   |                                 |
| STREET ADDRESS | 3909 WELLINGTON CIR.   |                                 |
| CITY-ST-ZIP    | PALM HARBOR FL         |                                 |
| 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"/> 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 |
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| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/00 813-814-0606  
Date Daytime Phone #

CR2E034 (5/00)