

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003479

1. Entity Name

RENT RITE RENTAL PURCHASE, INC.

FILED

Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90078 049 ***158.75

Principal Place of Business

7601 N FEDERAL HWY
260 B
BOCA RATON FL 33487

Mailing Address

7601 N FEDERAL HWY
260 B
BOCA RATON FL 33487-1657

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1736757

Applied For
Not Applicable

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

BEATY, DOUGLAS R
92 TIMBER CREEK DR
S 101
PLANTATION FL 33324

Name C.T. Corporation
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD
City PLANTATION FL Zip Code 33324

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 *Barbara A Burke*
Signature, typed or printed name of registered agent and title if applicable.

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

3-16-00
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD STANKO, EDWARD J 5668 SOUTH REX ROAD, SUITE 200 MEMPHIS TN 38119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEATY, DOUGLAS R 5668 SOUTH REX ROAD, SUITE 200 MEMPHIS TN 38119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHLEDWITZ, KARL A 5668 SOUTH REX ROAD, SUITE 200 MEMPHIS TN 38119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, TERRY A 5668 SOUTH REX ROAD, SUITE 200 MEMPHIS TN 38119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEDFORD, JOHN D 5668 SOUTH REX ROAD, SUITE 200 MEMPHIS TN 38119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYNEMAN, J. K 5668 SOUTH REX ROAD, SUITE 200 MEMPHIS TN 38119	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR COOPER, John 15 CADILLAC DRIVE, SUITE 200 BRENTWOOD TN 37027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HAILEY, RHETT 8121 DIRECTORS ROW MEMPHIS TN 38131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MORRIS, William 6582 CORSICA DRIVE MEMPHIS TN 38120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PHILLIPS, JILLIAN 6305 HUMPHREYS BLVD # 207 MEMPHIS TN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENY DIRECTOR LYNCH, TERRY A 5668 SOUTH REX ROAD SUITE 200 MEMPHIS TN 38119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secy Julie A. Apple 7601 N. Federal Hwy, Suite 260-B Boca Raton, FL 33487	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas Mitchell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 (561) 995-8832 X-207
Date Daytime Phone #

CR2E034 (9/99)