

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H11977

1. Entity Name

RDC REAL ESTATE MANAGEMENT, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91341 015 ***158.75

Principal Place of Business

8713 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

Mailing Address

8713 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

2. Principal Place of Business

7700 SQUARE LAKE BLVD.
Suite, Apt. #, etc.

3. Mailing Address

7700 SQUARE LAKE BLVD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-2418542

Applied For

Not Applicable

Zip

32256

Country
USA

Zip

32256

Country
USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COPPENBARGER, RONNIE D.
8713 PHILLIPS HWY.
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

COPPENBARGER, RONNIE D.

Street Address (P.O. Box Number is Not Acceptable)

7700 SQUARE LAKE BLVD.

City

JACKSONVILLE

FL

Zip Code

32256

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

Ronnie D. Coppenbarger

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/19/01
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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COPPENBARGER, RONNIE D. 7920 VINEYARD LAKE RD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, WOLFE W. JR. 5574 LOON LAKE CT JACKSONVILLE FL 32258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STEPHENS, IDA-LOU 9630 HISTORIC KINGS RD S JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

Wolfe Jackson VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WOLFE JACKSON VICE-PRESIDENT

2/19/01
Date

(904) 363-1414
Daytime Phone #

0022247

CR2E034 (10/00)