

2000 UNIFORM BUSINESS REPORT (UBR)

5/8.

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-08-2000 90196 006 ***150.00

DOCUMENT # H14873

1. Entity Name

REBSA, INC.

Principal Place of Business

Mailing Address

244 RIVERBEND DR
 LA GRANGE GA
 US

244 RIVERBEND DR
 C/O ROBERT J. GAUMOND
 LA GRANGE GA 30240-8029
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2434756

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

HUTCHINSON, JOSEPH J.
 368 FLORAL DR.
 WINTER GARDEN FL 34787

Name *Louise*
INEZ MARIE STRICKLAND
 Street Address (P.O. Box Number is Not Acceptable)
920 N E OLD VALDOSTA Rd -
 City **PINETTA** FL Zip Code **32350**

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 *INEZ MARIE STRICKLAND* *Louise* *Inez Louise Strickland*
 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 \$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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	DP						
	TORDJMAN, MICHEL P.	1023 ESPINADO AVENUE	ST. AUGUSTINE FL				
	DVP						
	TORDJMAN, BERNADETTE	1023 ESPINADO AVENUE	ST. AUGUSTINE FL				
	S						
	GAUMOND, ROBERT J.	244 RIVERBEND DR	LA GRANGE GA				

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:

ROBERT J. GAUMOND
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-00
 Date

706 812 405
 Daytime Phone #

CR2E034 (9/99)