

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90378 029 ***150.00

DOCUMENT # J45462

1. Entity Name
RWH PROPERTIES, INC.

Principal Place of Business
3334 SABAL COVE LANE
LONGBOAT KEY FL 34228-3545
US

Mailing Address
3334 SABAL COVE LANE
LONGBOAT KEY FL 34228-3545
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2355 GULF OF MEXICO DR.

3. Mailing Address
2355 GULF OF MEXICO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 2 E 1

UNIT 2 E 1

City & State

City & State

LONGBOAT KEY FL

LONGBOAT KEY FL

Zip

Country

Zip

Country

34228 SARASOTA

34228 SARASOTA

4. FEI Number **59-2766498**

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

HOFFMAN, ROBERT W.
3334 SABAL COVE LANE
LONGBOAT KEY FL 33548

Name **ROBERT W. HOFFMAN**

Street Address (P.O. Box Number is Not Acceptable)
2355 GULF OF MEXICO DR.

UNIT 2 E 1

City **LONGBOAT KEY** **FL** Zip Code **34228**

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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HOFFMAN, WILLIAM R. | |
| STREET ADDRESS | 3334 SABAL COVE LANE | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | HOFFMAN, ROBERT W. | |
| STREET ADDRESS | 3334 SABAL COVE LANE | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOFFMAN, WILLIAM R. | |
| STREET ADDRESS | 2355 GULF OF MEXICO DR., 2E1 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOFFMAN, ROBERT W. | |
| STREET ADDRESS | 2355 GULF OF MEXICO DR. 2E1 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)