

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015720

1. Entity Name

RG/H PARTNERS #1, L.L.C.

Principal Place of Business

Mailing Address

1336 W. FLETCHER AVE.  
TAMPA, FL 33612 → Same

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

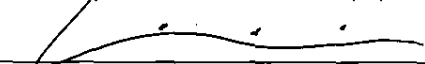
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BRUCE CHAPNICK~~  
ICARD, MERRILL, COLLIS, TIMM, FUREN & GINSBURG  
2033 MAIN STREET - SUITE 600  
SARASOTA, FL 34237

Name  
WILLIAM W. MERRILL, III, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
ICARD, MERRILL, COLLIS, ET AL.  
2033 MAIN ST. SUITE 600  
City SARASOTA FL Zip Code 34237

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  3/30/01  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

600004034976-7  
-01/20/01-01045-020

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME STRICKLAND, H. BLAINE MGRM ☐ Delete  
STREET ADDRESS 8604 MINDICH CT.  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME GOMEZ, ROBERT JR. MGRM ☐ Delete  
STREET ADDRESS 1336 W. FLETCHER AVE.  
CITY-ST-ZIP TAMPA, FL 33612

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/22/01 813-264-4047

Date

Daytime Phone #

CR2E083 (11/00)