

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006150

1. Entity Name
RTWJR PROPERTIES, LLC

FILED

00 JAN 10 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~1800 SECOND STREET, SUITE 714~~
SARASOTA FL 34236

Mailing Address
~~1800 SECOND STREET, SUITE 714~~
SARASOTA FL 34236-5966



2. Principal Place of Business
1233 Second St
Suite, Apt. #, etc.

3. Mailing Address
1233 Second St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sarasota FL

City & State
Sarasota FL

4. FEI Number
65-0948308

Applied For
Not Applicable

Zip
34236 FL Country

Zip
34236 Country

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

6. Name and Address of Current Registered Agent

WILLIAMS, RICHARD T JR. OK
~~1800 SECOND STREET, SUITE 714~~ 1233 Second Street
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
Richard T. Williams JR
Street Address (P.O. Box Number is Not Acceptable)
1233 Second Street
City
Sarasota FL Zip Code
34236

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
[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-05-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WILLIAMS, RICHARD T JR.
1800 SECOND STREET, SUITE 714
SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WILLIAMS, RICHARD T III
1703 HYDE PARK
SARASOTA FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
900003099549--3
-01/14/00--01090--010
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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

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 OR MANAGER

Date

Daytime Phone #

1-05-00 941 953 4116

CR2E083 (9/99)