

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008754

1. Entity Name

R.P. REALTY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 14 AM 11:05

Principal Place of Business

555 SOUTH FEDERAL HIGHWAY, SUITE 320
BOCA RATON FL 33432

Mailing Address

555 SOUTH FEDERAL HIGHWAY, SUITE 320
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

30 SE 7th St.

3. Mailing Address

30 SE 7th St.

Suite, Apt. #, etc.

Second Floor

Suite, Apt. #, etc.

Second Floor

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33432

Country

USA

Zip

33432

Country

USA

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

BARNETT, CHARLES D
8412 NATIVE DANCER ROAD
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE: Vice President, Secretary M&M ☐ Delete
NAME: Peter B. McAulister
STREET ADDRESS: 30 SE 7th St. Second Floor
CITY-ST-ZIP: Boca Raton FL 33432

TITLE: President, Treasurer M&M ☐ Delete
NAME: Richard Hasling
STREET ADDRESS: 30 SE 7th St. Second Floor
CITY-ST-ZIP: Boca Raton FL 33432

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☒ Addition
NAME: ☐ Change ☒ Addition
STREET ADDRESS: 700003478957-1
CITY-ST-ZIP: -11/28/00-01038-008
*****50.00 *****50.00

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

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/26/00

Date

561-368-2544

Daytime Phone #

CP2E083 (5/00)