

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29524

1. Entity Name

RHC MASTER ASSOCIATION, INC.

Principal Place of Business

1749 NORTHGATE BLVD.
SARASOTA FL 34234
US

Mailing Address

1749 NORTHGATE BLVD.
SARASOTA FL 34234
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

59-2973386

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

LISTON, DAVID L
JMC PROPERTY MGMT
1749 NORTHGATE BLVD.
SARASOTA FL 34234

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE PD
NAME FORTIN, FRENCHY
STREET ADDRESS 4934 WILLOW RIDGE
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

TITLE VPD
NAME BREDEHOFT, BRUCE
STREET ADDRESS 5210 LAUREL POINTE
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

TITLE SD
NAME MASSIMEI, RICK
STREET ADDRESS 3350 STONEBRIDGE
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

TITLE TD
NAME MCGEE, PHIL
STREET ADDRESS 5214 TWIN CREEKS
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

TITLE D
NAME POWELL, TOM
STREET ADDRESS 3508 AUTUMN GLEN
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

TITLE D
NAME PFEIFFER, ANDY
STREET ADDRESS 3410 CYPRESS LANDING
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

1/8/02
Date

813 685-9651
Daytime Phone #

CR2E037 (9/01)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90073 048 ****61.25

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