2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

1259 NW 60TH ST

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

GAINESVILLE FL 32605

DOCUMENT # N9700005950

Country

6. Name and Address of Current Registered Agent

1. Entity Name

1259 NW 60TH ST

GAINESVILLE FL 32605

Suite, Apt. #, etc.

City & State

HŪ. KEHŪA

Zip

R FAMILY, INC.

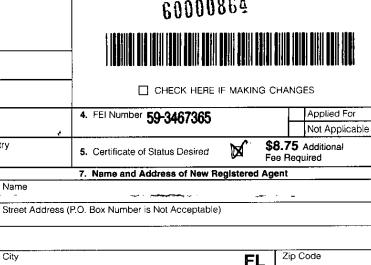
Principal Place of Business

2. Principal Place of Business



FILED Jan 07, 2003 8:00 am Secretary of State 01-07-2003 90023 001 ****70.00

60000864



1259 NW 60TH ST GAINESVILLE FL 32605

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. I am familiar with, and accept the obligations of registered agent.

9. Election Campaign Financing

Country

Name

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

Make Check Payable to Florida Department of State

DATE

FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE ☐ Change HU. KEHUA NAME NAME 1259 NW 60TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE HU. BAOTING NAME NAME STREET ADDRESS 1259 NW 60TH ST STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete TITLE ☐ Change Addition CAO. Y NAME NAME STREET ADDRESS 1259 NW 60TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-78 GAINESVILLE FL 32605 ☐ Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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:

1-403 312-331-4309

(10/02)