

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90058 036 ***150.00

DOCUMENT # P00000004806

1. Entity Name

RRCA MANAGEMENT COMPANY

Principal Place of Business

**6 EGRET LANE
 RIVER RANCH FL 33867**

Mailing Address

**P.O. BOX 30350
 RIVER RANCH FL 33867**

80036865

2. Principal Place of Business

**3200A Rodeo Way
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 30379
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

River Ranch, FL

City & State

River Ranch, FL

4. FEI Number

59-3620918

Applied For

Not Applicable

Zip

Country

33867

USA

Zip

Country

33867

33867

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

**VINKLE, LINDA K
 6 EGRET LANE
 RIVER RANCH FL 33867**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEINHOFF, LES J 6 EGRET LANE RIVER RANCH FL 33867 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Steinhoff, Les J. 2013 Bluff Point Dr. Columbia, MO 65201 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President Lenhard, Dolores 104 Long Hammock Dr. PO Bx 30104 River Ranch, FL 33867 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sec./Treasurer Vinkle, Linda K. 1137 Cephia Street Lake Wales, FL 33853 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda K. Vinkle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Linda K. Vinkle
 Sec./Treas**

4-18-01

(863) 692-2424
 Date Daytime Phone #

CR2E034 (10/00)