FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000026139 1. Entity Name **ROL PROPERTIES, INC.** 03-21-2001 90065 016 ***150.00 Principal Place of Business Mailing Address 2-SOUTH-BIGGAYNE-DOULEVARD-- 2- SOUTH-DISCAYNE-BOULEVARD ONE-BISGAYNE-TOWER - #3400 -ONE DISCAYNE TOWER - #3400 MIAMI FL 33131 1807 MIAMI FL 33131-1897 2. Principal Place of Susiness 3. Mailing Address 5501 JW. Suite, Apt. #, etc. Suite, Ap., #, etc. DO NOT WRITE IN THIS SPACE ity & State City State Jum Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHEY, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE BOULEVARD ONE BISCAYNE TOWER-#3400-MIAMI FL 33131-1897-City Zip Code FI statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNAT (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE RICHEY, WILLIAM L NAME NAME 2 SOUTH BISGAYNE BOULEVARD #3400 STREET ADDRESS STREET ADDRESS CITY-SY-73P MIAMI-FL-89191-1897-CITY-ST-ZIP TITLE ☐ Defete TITLE LINES, ROBERT NAME NAME STREET ADDRESS 12265 STATE ROAD #7 STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP ☐ Delete TITLE ~ [□] · Change ☐ 'Addition** O'BANNON, JOEY NAME 8400 S.W. FOX BROWN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIANTOWN FL 34956 CITY-ST-ZiP ☐ Delete TiT! E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 wiff an addition, with all other Referencement. empowered. SIGNATURE: JA VINCUION