

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042859

1. Entity Name

RRK MANAGEMENT OF CAPE CORAL, INC.

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90234 034 ***150.00

Principal Place of Business

4821 CORONADO PARKWAY
CAPE CORAL FL 33904

Mailing Address

4821 CORONADO PARKWAY
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1028212

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POWELL, WILLIAM
POWELL & STEINBERG, P.A.
3515 DEL PRADO BLVD, SUITE 101
CAPE CORAL FL 33904

Name

JOHN GALLAGHER

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

3501 DEL PRADO BLVD

Suite 204

City

CAPE CORAL

FL

Zip Code

33904

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

John Gallagher

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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	HAAG	<input type="checkbox"/> Delete
NAME	HAAG, KEVIN D	
STREET ADDRESS	4821 CORONADO PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAAG, KEVIN D	
STREET ADDRESS	4821 CORONADO PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAG, KEVIN D	
STREET ADDRESS	4821 CORONADO PARKWAY	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	V.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUL, Anthony R.	
STREET ADDRESS	2418 S.E. 28th STREET	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 with an address, with all other like empowered.

SIGNATURE:

Anthony R. Maul

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

239-540-4110

Daytime Phone #

CR2E034 (10/00)