## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 30, 2001 8:00 am DQCUMENT # P0000073698 **Secretary of State** RK REALTY & ASSOCIATES, INC. 03-30-2001 90327 029 \*\*\*158.75 Principal Place of Business Mailing Address 6520 S.E. 60TH STREET 6520 S.E. 60TH STREET TRENTON FL 32693 TRENTON FL 32693 2. Principal Place of Business 3. Mailing Address Pa Bax Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City, & State 4. FEI Number Applied For 59-3642904 Not Applicable \$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 K. Leschanz HOGAN, RHONDA Street Address (P.O.Box Number is Not Acceptable) 6520 S.E. 60TH STREET TRENTON FL 32693 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criterià on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ■ Addition TITLE ☐ Delete TITLE Change ESIDENT NAME ANE E MOUND NAME STREET ADDRESS STREET ADDRESS 357508 CITY-ST-ZIP CITY-ST-ZIP CAINEJUILLE, SECRETARY JANE E. Mann TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS PU 357508 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TREASURER ☐ Delete TANE F MONN NAME STREET ADDRESS STREET ADDRESS Do 351508 CITY-ST-ZIP CITY-ST-ZIP GAINCIUILCE FL 32635 TITLE Delete TITLE ☐ Change ☐ Addition VICE PRESIDENT NAME NAME JANE MANN STREET ADDRESS STREET ADDRESS 357508 CITY-ST-ZIP CITY-ST-7IP DALKENUTI'LE FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST. 7IP TITLE ☐ 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 with an address, with all other like empowered.

SIGNATURE: