

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91178 016 \*\*\*150.00

DOCUMENT # P00000102101

1. Entity Name:

RTC, INC.

*The Rodj file Connection, ZMC*

Principal Place of Business

21233 POST ROAD  
 SARASOTA, FLA.

34231

Mailing Address

21233 POST ROAD  
 SARASOTA, FLA.

34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

105-1053321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL, & UTRERA, PA  
 1840 CORAL WAY  
 4TH FLOOR  
 MIAMI, FLORIDA 33145

7. Name and Address of New Registered Agent

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)

(NOT)

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!**

After MAY 1, 2001

Make Check Payable to Department of State

**FEE IS \$150.00**

Fee will be \$550.00

to Department of State

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JANE M. ROSS	
STREET ADDRESS	21233 POST ROAD	
CITY-ST-ZIP	SARASOTA, FLORIDA 34231	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	H. KENN ROSS	
STREET ADDRESS	21233 POST ROAD	
CITY-ST-ZIP	SARASOTA, FLORIDA 34231	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	H. KENN ROSS	
STREET ADDRESS	21233 POST ROAD	
CITY-ST-ZIP	SARASOTA, FLORIDA 34231	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have not changed, or on an attachment with an address, with all other like empowered signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

*Jane M. Ross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - DIRECTOR

4/30/01

Date

941-925-4797

Daytime Phone

CR2E034 (11/00)