2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000039602 **DOCUMENT#**

VAANDERING, EDWARD E

the obligations of registered agent.

3967 CARAMBOLA CIR N COCONUT CREEK FL 33066



Name

City

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. I am familiar with, and accept

Street Address (P.O.

01-24-2003 90070 021 ***150.00

Jan 24, 2003 8:00 am

Secretary of State

RCF PROPE	RTIES, INC.					
Principal Place of Business 3967 CARAMBOLA CIR N COCONUT CREEK FL 33066		Mailing Address 3967 CARAMBOLA CIR N COCONUT CREEK FL 33066				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

☐ CHECK HERE IF MAKING CHANGES								
FEI Number 65-1098043				Applied For				
05-1090045				Not Applicable				
Certificate of Status Desired		\$8.75 Additional Fee Required						
Name and Address of New Registered Agent								
,								
Box Number is Not Acceptable)								

Zip Code

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) ☐ Addition TITLE ☐ Delete TITLE VAANDERING, EDWARD E NAME NAME 3967 CARAMBOLA CIR N STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33066 CITY-ST-ZIP CITY-ST-ZIP * Delete ☐ Change TITLE TITLE ☐ Addition VAN WINKLE, MARCUS NAME NAME 1021 HILLSBORO MILE #1005 STREET ADDRESS STREET ADDRESS HILLSBORO BCH FL 33062 CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

City-ST-ZIP