

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90085 028 ***163.75

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DOCUMENT # P02000042625

1. Entity Name
RRCB OF FLA., INC.



Principal Place of Business
**2291 HIDDEN WATERS DRIVE WEST
APARTMENT 2
GREEN COVE SPRINGS FL 32043**

Mailing Address
**2291 HIDDEN WATERS DRIVE WEST
APARTMENT 2
GREEN COVE SPRINGS FL 32043**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

30-0083767

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FEREBEE, DAVID B
2291 HIDDEN WATERS DRIVE WEST
APARTMENT 2
GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name **Ruby M. Burger**
Street Address (P.O. Box Number is Not Acceptable)
2291 Hidden Waters Dr. W. Suite A.
City **Green Cove SPS** FL Zip Code **32043**

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 the obligations of registered agent.

SIGNATURE **Ruby M. Burger**

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

Ruby M. Burger

(NOTE: Registered Agent signature required when reinstating)

April 11, 2003

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BURGER, RAYMOND**
STREET ADDRESS **POST OFFICE BOX 983**
CITY-ST-ZIP **ORANGE PARK FL 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
NAME **NP ->**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND E BURGER 4/11/03

Date

Daytime Phone #

CR2E034 (10/02)