

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013263

1. Entity Name

RFG ASSOCIATES, INC.

FILED

Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90006 017 \*\*\*150.00

Principal Place of Business  
240 EAGLETON ESTATES BLVD.  
PALM BEACH GARDENS FL 33418  
US

Mailing Address  
240 EAGLETON ESTATES BLVD  
PALM BEACH GARDENS FL 33418  
US

2. Principal Place of Business  
16 RABBITS RUN  
Suite, Apt. #, etc.

3. Mailing Address  
16 RABBITS RUN  
Suite, Apt. #, etc.

City & State  
PALM BEACH GARDENS, FL  
Zip  
33418  
Country  
USA

City & State  
PALM BEACH GARDENS, FL  
Zip  
33418  
Country  
USA

4. FEI Number 65-0378778  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GROTH, RICHARD F.  
240 EAGLETON ESTATES BLVD.  
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent  
Name  
GROTH, RICHARD F.  
Street Address (P.O. Box Number is Not Acceptable)  
16 RABBITS RUN  
City  
PALM BEACH GARDENS FL  
Zip Code  
33418

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 Richard F. Groth 1/8/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
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 NAME STREET ADDRESS CITY-ST-ZIP	DP GROTH, RICHARD F 240 EAGLETON ESTATES BLVD PALM BEACH GARDENS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GROTH, RICHARD F. 16 RABBITS RUN PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GROTH, JOYCE M 240 EAGLETON ESTATES BLVD PALM BEACH GARDENS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GROTH, JOYCE M. 16 RABBITS RUN PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard F. Groth 1/8/01 561-626-8278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0295561

CR2E034 (10/00)