

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011784

1. Entity Name

RTG PROPERTIES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90108 028 ***150.00

Principal Place of Business

1183 8TH STREET SOUTH
NAPLES FL 33940
US

Mailing Address

P.O. BOX 100
NAPLES FL 34106-0100
US

2. Principal Place of Business

1183 8TH STREET SOUTH

3. Mailing Address

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

4. FEI Number

65-0388447

Applied For

Not Applicable

Zip

Country

34102

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUST, ROCKWELL T JR
482 THIRTEENTH AVE S
NAPLES FL 33940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34102

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.

(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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 | PS | <input type="checkbox"/> Delete |
| NAME | ROCKWELL T. GUST, JR, | |
| STREET ADDRESS | P.O. BOX 100 N/A | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | JOAN WALSH GUST, | |
| STREET ADDRESS | P.O. BOX 100 N/A | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN WALSH GUST

1/14/2000

Date

Daytime Phone #

941-262-4488

CR2E034 (9/99)