

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90608 005 ***150.00

DOCUMENT # P94000058164

1. Entity Name

RFF, INC.

Principal Place of Business

4100 N. OCEAN DR.
 APT. 2202, WEST TOWER
 SINGER ISLAND FL 33404

Mailing Address

4100 N. OCEAN DR.
 APT. 2202, WEST TOWER
 SINGER ISLAND FL 33404

050973



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2400 S.E. FEDERAL HIGHWAY
 Suite, Apt. #, etc.

FOURTH FLOOR

STUART, FLORIDA

34994

3. Mailing Address

2400 S.E. FEDERAL HIGHWAY
 Suite, Apt. #, etc.

FOURTH FLOOR

STUART, FLORIDA

34994

4. FEI Number **65-0565655**

Applied For
 Not Applicable

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

FRASCO, LINDA
 4100 N. OCEAN DR.
 APT. 2202, WEST TOWER
 SINGER ISLAND FL 33404

Name **STEVEN L. PERRY, ESQUIRE**
 Street Address (P.O. Box Number is Not Acceptable)
MONTEREY TRIANGLE
2400 S.E. FEDERAL HIGHWAY, 4TH FLOOR
 City **STUART, FL** Zip Code **34994**

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 **Steven L. Perry** DATE **March 5, 2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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 **DPS** ☐ Delete
 NAME **FRASCO, NANCY**
 STREET ADDRESS **479 RR 17**
 CITY-ST-ZIP **MAHWAH NJ 07430**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: **Nancy Frasco Boitnott, Executive** **2/25/01** **(201) 934-1088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NANCY FRASCO BOITNOTT, EXECUTIVE

CR2E034 (10/00)