

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013759

1. Entity Name

RESIDENTIAL & RESORT ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 2:52

Principal Place of Business

329 POINCIANA ISL DR
12700 BISCAYNE BLVD., SUITE 200
N MIAMI BEACH FL 33181
US

Mailing Address

305 N MISSOURI ST
12700 BISCAYNE BLVD., SUITE 200
POTOSI MO 63664
US

2. Principal Place of Business

504 E. HIGH ST.

3. Mailing Address

504 E. HIGH ST.

Suite, Apt. #, etc.

POTOSI, MO

Suite, Apt. #, etc.

POTOSI, MO

City & State

POTOSI, MO

City & State

POTOSI, MO

Zip

63664

Country

USA

Zip

63664

Country

USA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT
FEE Number 65-0559736

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, MARTIN
329 POINCIANA ISLAND DRIVE
N. MIAMI FL 33160

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Martin Price, President

11/2/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	VD	<input type="checkbox"/> Delete
NAME	PRICE, MARTIN	
STREET ADDRESS	329 POINCIANA ISLAND DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PRICE, SUZANNE	
STREET ADDRESS	329 POINCIANA ISLAND DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PRICE, PETER	
STREET ADDRESS	329 POINCIANA ISLAND DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, MARTIN	
STREET ADDRESS	329 POINCIANA ISL	
CITY-ST-ZIP	N. MIA, FL 33160	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, SUZANNE	
STREET ADDRESS	315 E. HIGH ST.	
CITY-ST-ZIP	POTOSI, MO 63664	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, PETER	
STREET ADDRESS	315 E. HIGH ST.	
CITY-ST-ZIP	POTOSI, MO 63664	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

S/Martin Price

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00

Date

573 438-7606

Daytime Phone #

CR2E034 (5/00)