

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State
 07-18-2002 90132 008 ***558.75

DOCUMENT # P95000013759

1. Entity Name
RESIDENTIAL & RESORT ASSOCIATES, INC.

Principal Place of Business

504 E HIGH ST
POTOSI MO 63664
US

Mailing Address

504 E HIGH ST
POTOSI MO 63664
US

2. Principal Place of Business

1305 ANHINGA DR.

3. Mailing Address

1305 ANHINGA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33414

Country

PALM BEACH

Zip

33414

Country

PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI 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 **MARTIN I. PRICE**

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

1305 ANHINGA DR.

City **WEST PALM BEACH**

FL

Zip Code

33414

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 *Martin I. Price*

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

(NOTE: Registered Agent signature required when reinstating)

7/14/02
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, 2002 Fee 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 **PD** ☐ **Delete**
NAME **PRICE, MARTIN**
STREET ADDRESS **329 POINCIANA ISL**
CITY-ST-ZIP **N MIAMI FL 33160**

TITLE **PD** ☐ **Delete**
NAME **PRICE, SUZANNE**
STREET ADDRESS **315 E HIGH ST**
CITY-ST-ZIP **POTOSI MO 63664**

TITLE **DS** ☐ **Delete**
NAME **PRICE, PETER**
STREET ADDRESS **315 E HIGH ST**
CITY-ST-ZIP **POTOSI MO 63664**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **PRICE, MARTIN**
STREET ADDRESS **1305 ANHINGA DR, WPB, FL 33414**
CITY-ST-ZIP

TITLE **VPD** ☒ **Change** ☐ **Addition**
NAME **PRICE, SUZANNE**
STREET ADDRESS **1305 ANHINGA DR., WPB, FL 33414**
CITY-ST-ZIP

TITLE **DS** ☒ **Change** ☐ **Addition**
NAME **PRICE, PETER**
STREET ADDRESS **1305 ANHINGA DR., WPB, FL 33414**
CITY-ST-ZIP

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

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

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

CR2E034 (4/02)

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: *Martin I. Price* **MARTIN I. PRICE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/02 (561) 434-5656
DATE **Daytime Phone #**