

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060912

1. Entity Name

R N B REALTY, INC.

FILED

Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90015 035 ***150.00

Principal Place of Business

1811 SE FT KING ST
OCALA FL 34471
US

Mailing Address

1811 SE FT KING ST
OCALA FL 34471
US

00000410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3331576

Applied For

Not Applicable

Zip

Country

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

ALVORD, RANDALL E
1811 SE FT KING ST
OCALA FL 34471

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ALVORD, RUTH P
STREET ADDRESS 15091 NORTH EAST 86TH LANE
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE P ☐ Change ☐ Addition
NAME Alvord, Ruth P.
STREET ADDRESS 834 NE 40th Ave
CITY-ST-ZIP Ocala, FL 34470

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
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TITLE ☐ Delete
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/00 382-690-2266
Date Daytime Phone #

CR2E034 (5/00)

R B Realty, Inc.

Attachment
P95000060912
A0578416

Serving Marion County Since 1983

Date: 11 Sept 2000

To: Florida Dept of State
Division of Corporations

From: Randall E. Alford
R B Realty, Inc

Reason: Please... would someone from
your office contact us regarding
the filing of this form. According
to our accountant the form had
been filed but no money sent due
to lack of business and our inability
to pay at that present time.
Thank You! Tele #'s listed below...