

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064975

1. Entity Name

R NOF, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90268 006 ***150.00

Principal Place of Business

Mailing Address

3755 W LAKE HAMILTON DR
WINTER HAVEN FL 33881
US

PO BOX 1877
DUNDEE FL 33838-1877
US



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

59-3333118

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

CARNES, GARY W
3755 W LAKE HAMILTON DR
WINTER HAVEN FL 33881

Name

LAURENCE M. CAHOON

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

3755 W. LAKE HAMILTON DR.

City

WINTER HAVEN

FL

Zip Code

33881

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

LAURENCE M. CAHOON

5/1/2000

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 PD
NAME CARNES, GARY W
STREET ADDRESS 3755 W LAKE HAMILTON DR
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

TITLE TIS
NAME LAURENCE M. CAHOON
STREET ADDRESS 3755 W. LAKE HAMILTON DR.
CITY-ST-ZIP WINTER HAVEN, FL 33881 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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:

LAURENCE M. CAHOON

LAURENCE M. CAHOON

5/1/2000

863-292-9511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)