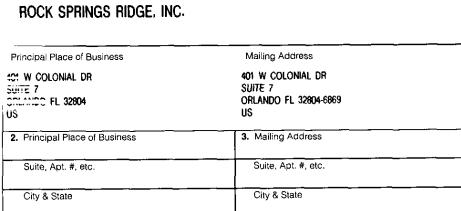
## 2000 UNIFORM BUSINESS REPORT (UBR)

## **ROCK SPRINGS RIDGE, INC.**

## **FILED** Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P95000089436 1. Entity Name

04-26-2000 90087 027 \*\*\*150.00





Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State			City & State			4. F	4. FEI Number 59-3350328				Ť	plied For	
Zip	Country		Zip	Country		5, (	Certificate of	Status Desired			75 Ado Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
<del></del>	O. Italiic dila Address of C	un cincino g	-		Name	· -· ·	- ,-						
MACARTHUR, WILLIAM H 401 W COLONIAL DR SUITE 7 ORLANDO FL 32804					Street Address (P.O. Box Number is Not Acceptable)								
					City FL Zip						ip Cod	Code	
8. The above	named entity submits this stater	ment for the	purpose of changing its	register	ed office or regi	istered age	ent, or both, i	n the State of Fl	orida.				
	,												
SIGNATURE .													
0,014,(10,112.	Signature, typed or printed name of register	ed agent and ti	tle if applicable. (NOT	E: Registere	d Agent signature rec	quired when re	instating)		DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW! After MAY 1, 20 Make Check Payab					will be \$550.0	State	Trust	on Campaign Fi Fund Contributio	on.		Added	May Be to Fees	
11.	OFFICER	S AND DIR	ECTORS	12.		AD	DITIONS/CH	IANGES TO OF	FICERS A	ND DIRI	CTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MACARTHUR, WILLIAM H. 401 W COLONIAL DR, STI ORLANDO FL	E7	□ Delete								Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FANT, JAMES H. 401 COLONIAL DR. STE. 7 ORLANDO FL	7	☐ Delete			_		·		<u> </u>	Change 	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	AST CONANT, ELIZABETH 401 W COLONIAL DR. STI ORLANDO FL	E. 7	□ Delete	STR	E ME EET ADORESS (-ST-ZIP		-				Change -	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete		-						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information suppl	ied with thi	Delete	CITY	ME EET ADDRESS (-ST-ZIP	in Section	119.07(3)(i)	Florida Statutes	I further		Change	☐ Addition	
indicated	certify that the information suppl on this report or supplemental r	eport is tru	e and accurate and that	my signa	iture shall have	the same	iegal effect a	s if made under	oath; tha	I am ar	officer	or director	

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered