

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091828

1. Entity Name

RAF-RMY PROPERTIES, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90009 002 ***150.00

Principal Place of Business

Mailing Address

258 SOUTHBALL LANE
SUITE 300
MAITLAND FL 32751
US

P.O. BOX 6749
COLUMBUS GA 31907
US

2. Principal Place of Business

453 N. KIRKMAN RD.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 101

City & State
ORLANDO, FL

City & State

Zip
32811

Country
ORANGE

Zip

Country

4. FEI Number 58-2276667

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HINCKLEY, JAMES C
258 SOUTHBALL LANE
SUITE 300
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

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

453 N. KIRKMAN RD

SUITE 101

City ORLANDO

FL

Zip Code 32811

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 \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
YOUNG, RICHARD M
200 BROOKSTONE CENTER PARKWAY, #205
COLUMBUS GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
31904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
FELDNER, RONALD A
200 BROOKSTONE CENTER PARKWAY, #205
COLUMBUS GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
31904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
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:

Richard M. Young, PRES RICHARD M. YOUNG

3/2/01

706-323-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)