

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098768

1. Entity Name

RJT PROPERTIES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90052 033 ***150.00

Principal Place of Business

1305 SHOREVIEW DRIVE
ENGLEWOOD FL 34223

Mailing Address

1305 SHOREVIEW DRIVE
ENGLEWOOD FL 34223-5952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4302 ALBACORE Circle

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

Zip

33948

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0711443

Applied For

Not Applicable

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

BARONE, RICHARD P
1305 SHOREVIEW DRIVE
ENGLEWOOD FL 34223

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

Richard P Barone

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	D	<input type="checkbox"/> Delete
NAME	BARONE, RICHARD P	
STREET ADDRESS	1305 SHOREVIEW DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARONE, JOYCE	
STREET ADDRESS	1305 SHOREVIEW DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARONE, THOMAS	
STREET ADDRESS	1305 SHOREVIEW DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARONE RICHARD P	
STREET ADDRESS	4302 ALBACORE Circle	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARONE JOYCE	
STREET ADDRESS	4302 ALBACORE Circle	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARONE THOMAS	
STREET ADDRESS	161 MILLPORT ST	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard P Barone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

941 7640717

Daytime Phone #

CR2E034 (9/99)