

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005935 (6)
 Entity Name
 R.E.H. PROPERTIES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90216 045 ***150.00

Principal Place of Business Mailing Address

Principal Place of Business 311 Orangewood Boulevard
 Suite, Apt. #, etc.

3. Mailing Address 10311 Orangewood Boulevard
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Orlando, Florida
 Zip 32821 Country USA

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 Zip 32821 Country USA

4. FEI Number 59-3435819
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 HARTMAN, JAMES A.
 205 S. EOLA DRIVE
 ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name HARTMAN, JAMES A.
 Street Address (P.O. Box Number is Not Acceptable)
 10311 Orangewood Boulevard
 City Orlando, FL Zip Code 32821

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] April 14, 2000
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PST VD HARTMAN, JAMES A. 205 S. EOLA DRIVE ORLANDO FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10311 Orangewood Boulevard Orlando, Florida 32821
PD HARTMAN, RONALD E 10311 Orangewood Boulevard, Orl.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] April 14, 2000 407-370-6454
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #