## 2001 UNIFORM BUSINESS REPORT (UBR)

## DCCUMENT # P97000031935

DCCUMENT # P97000031935  1. Entity Name  R & B FAMILY CORPORATION				May 12, 2001 8:00 am Secretary of State 05-12-2001 90005 010 ***150.00
Principal Place of Bu 415 L'Ambia Penthouse Longboat K	ance Drive	Mailing Address 415 L'Ambiar Penthouse C Longboat Ke		A0063941
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For 65-0741947 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6 1	Name and Address of Current I	Registered Agent		. 7. Name and Address of New Registered Agent
David M. Silberstein 720 South Orange Avenue Sarasota, Florida 34236			Street	t Address (P.O. Box Number is Not Acceptable)
9. This corporation is	typed or printed name of registered agent and seligible to satisfy its Intangible ent and elects to do so.	Teathers are some receivable of a City	!!FEE IS:\$150	\$550.00 Trust Fund Contribution.
	OFFICERS AND D	A CONTRACTOR OF THE CONTRACTOR	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P S K Change Addition Ronald G. Brown
TITLE VAME STREET ADDRESS DITY-ST-ZIP	<u> </u>	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V T Beverly Brown  BUC  Addition
ITLE IAME STREET ADDRESS OTY-ST-ZIP	مارية سرمان له أرائية الأستنظامة أمراه	Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	Change Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
ITLE IAME, TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
ITLE AME		☐ Delete	TITLE NAME	☐ Change ☐ Addition

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 outrustee 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 life empowered.

SIGNATURE:

changed, or on an attachme

STREET ADDRESS

SITY-ST-ZIP

**FILED** 

(941) 387-8118

CR2E034 (11/00)