

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058861

1. Entity Name

THORNHILL RP, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90006 028 ***150.00

C0028623



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 100 THORNHILL RD
 AUBURDALE FL 33823
 US

Mailing Address
 100 THORNHILL RD
 AUBURDALE FL 33823-3938
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3457977**

Applied For
 Not Applicable

Zip Country

Zip Country

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

HADLOW, RICHARD B
 220 SOUTH FRANKLIN ST.
 TAMPA FL 33602

Name **Robert R. Swander**
 Street Address (P.O. Box Number is Not Acceptable)
100 Thornhill Rd.
 City **Auburndale** FL Zip Code **33823**

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 **Robert R. Swander President** (NOTE: Registered Agent signature required when reinstating)
 DATE **1/13/00**

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	PDT	<input type="checkbox"/> Delete
NAME	SWANDER, ROBERT R	
STREET ADDRESS	6344 MACLAURIN DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SWANDER, DARREN M	
STREET ADDRESS	1315 STARRY NIGHT ST	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRUMBACH, JOEL	
STREET ADDRESS	100 THORNHILL RD	
CITY-ST-ZIP	AUBURDALE FL 33823	
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		<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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA SWANDER	
STREET ADDRESS	6344 MACLAURIN DR	
CITY-ST-ZIP	TAMPA, FL 33647	
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: **Robert R. Swander**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE **1/13/00** DAYTIME PHONE # **863-967-0000**