

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90051 028 \*\*\*150.00

**DOCUMENT # P97000067668**

1. Entity Name  
**RHN COMMUNITIES, INC.**

Principal Place of Business 4500 US HWY 92 E. STE 1030 LAKELAND FL 33801 US	Mailing Address 4500 US HWY 92. STE 1030 LAKELAND FL 33801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3460092</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KNAPP, RANDALL L 4500 US HWY 92 E STE 1030 LAKELAND FL 33801				Name <b>MARVIN J. KNAPP</b>					
				Street Address (P.O. Box Number is Not Acceptable) <b>2003 SHORELAND DRIVE</b>					
				City <b>AUBURNDALE</b>		State <b>FL</b>		Zip Code <b>33823</b>	

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 X *Marvin J Knapp* (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNAPP, RANDALL L		NAME		
STREET ADDRESS	17 CASARENA CT NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<b>PRESIDENT &amp; TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNAPP, MARVIN J		NAME		
STREET ADDRESS	2003 SHORELAND DR		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WNEK, MICHAEL E		NAME		
STREET ADDRESS	526 HILLSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<b>VICE PRESIDENT &amp; ASSISTANT SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVY, BYERS P		NAME		
STREET ADDRESS	4429 ARLINGTON PARK DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNAPP, DONALD O		NAME		
STREET ADDRESS	4500 HWY 92 E SUITE 1030 CLUB HOUSE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSTON, MARVIN		NAME		
STREET ADDRESS	4500 HWY 92 E SUITE 1030 CLUB HOUSE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		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: X *Marvin J Knapp* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11 Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)