

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053602

1. Entity Name

RENT TO OWN, INC.

Rent To Own Inc.  
2118 W. Cass St.  
Tampa, FL 33606

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90006 022 \*\*\*150.00

Principal Place of Business

3135 16TH STREET NORTH  
SAINT PETERSBURG FL 33704

3135 16TH STREET NORTH  
SAINT PETERSBURG FL 33704

Rent To Own  
2118 W. Cass St.  
Tampa, FL

2. Principal Place of Business

2118 W. Cass St

3. Mailing Address

2118 W. Cass St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3516906

Applied For

Not Applicable

Zip

33606

Country

USA

Zip

33606

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MASSIMINI, MICHAEL  
3615 SWANN AVE  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

AMITY BERNHARD

Street Address (P.O. Box Number is Not Acceptable)

2118 W. Cass St

City

TAMPA

FL

Zip Code

33606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* SEC/TUES

7/7/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD BERNHARD, AMITY 2118 W. CASS ST TAMPA FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAND, JAMIE 2118 W. CASS ST TAMPA FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITACRE, WHITNEY W 2118 W CASS ST TAMPA FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00

Date

727 458-3982

Daytime Phone #

Attachment DW70308  
DH#P180W53602  
Rent To Own, Inc.  
2118 West Cass Street  
Tampa, FL 33606  
(813) 259-1560  
(813) 259-1566 Fax

## Rent To Own, Inc.

State of Florida  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document Number P98000053602

To Whom It May Concern:

Attached please find the original UBR dated and signed on April 30, 2000, along with a letter from your office returning it for signature. I don't understand.

In addition, we had a check attached – our check number 6646, which is apparently lost in your system, and has never cleared our bank. I am enclosing another check, please make note to return the original check if it shows up.

I have filled out a new form, and attached copies of all correspondence. Please advise.

Sincerely,



Amity Bernhard, President

Your Key To Home Ownership!

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Reint. to Own, Inc.

Principal Place of Business

2118 West Cass Street  
Tampa, Florida  
33606

Mailing Address

2118 West Cass Street  
Tampa, Florida  
33606

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3516906

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Michael Massimini  
3615 Swann Ave  
Tampa FL 33606

7. Name and Address of New Registered Agent

Name  
Amity Bernhard

Street Address (P.O. Box Number is Not Acceptable)  
2118 W. Cass Street

City/Tampa

FL

Zip Code  
33606

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

Amity Bernhard, Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PO	Bernhard, Amity	2118 West Cass Street	Tampa FL 33606	<input type="checkbox"/>
VO	Rand, Jamie	2118 West Cass Street	Tampa FL 33606	<input type="checkbox"/>
STO	Whitacre, Whitney	3135 16th Street North	Saint Petersburg FL 33704	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Amity Bernhard, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2000 813-259-1560

Date

Daytime Phone #