2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 30, 2000 8:00 am
Secretary of State
07-17-2000 90001 011 ***150.00
08-30-2000 90003 042 ***400.00

DOCUMENT # P98000061469

1. Entity Name
RB INSTITUTE, INC.

Principal Place of Business	Mailing Address
6258 PRESIDENTIAL COURT SUITE 102 FT. MYERS FL 33919	6258 PRESIDENTIAL COURT SUITE 102 FT. MYERS FL 33919-3526

2. Principal Place of Business	3. Mailing Address
12520 World Plaza Ln	12520 World Plaza Ln
Suite, Apt. #, etc.: Bldg 42 #2	Suite, Apt. #, etc.: Bldg. 42 #2
City & State: Ft Myers, FL	City & State: Ft Myers, FL
Zip: 33907-3986 Country: United States	Zip: 33907-3986 Country: United States

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3531363 ☐ Applied For ☐ Not Applicable

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
BERRY, CHRISTINE R AKA C. ROBYN BERRY 12520 WORLD FAZA LAN BLDG 42- STE 2 FT. MYERS FL 33907	Name: Christine R. Berry AKA C. Robyn Berry Street Address (P.O. Box Number is Not Acceptable): 12520 World Plaza Ln Bldg 42 Suite 2 City: Ft Myers, FL Zip Code: 33907-3986

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 C. Robyn Berry — 6/30/00
Signature, typed or printed name of registered agent and title if applicable. C. Robyn Berry (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) ☒

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BERY, CHRISTINE R	NAME	
STREET ADDRESS	220 LAKEVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	N. FT MYERS FL 33917-3423	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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)(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: C. Robyn Berry — 6/30/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: C. Robyn Berry — Date — Daytime Phone #