

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90363 015 ***158.75

DOCUMENT # P98000061469

1. Entity Name
RB INSTITUTE, INC.

Principal Place of Business

~~12520 WORLD PLAZA LN~~
~~BLDG 42 #2~~
~~FORT MYERS FL 33907-3986~~
~~US~~

Mailing Address

~~12520 WORLD PLAZA LN~~
~~BLDG 42 #2~~
~~FORT MYERS FL 33907-3986~~
~~US~~

2. Principal Place of Business

1952-5 Park Meadows Dr
 Suite, Apt. #, etc.

3. Mailing Address

1952-5 Park Meadows Dr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FL Myers, FL

City & State

FL Myers, FL

4. FEI Number

59-3531363

Applied For

Not Applicable

Zip

33907

Country

United States

Zip

33907

Country

United States

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERRY, CHRISTINE R

12520 WORLD PLAZA LN
BLDG 42-STE 2
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

BERRY, CHRISTINE ROBYN

1952-5 Park Meadows Dr

FL Myers,

FL

Zip Code 33907

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*

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02
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, 2002 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 **P** **BERRY** ☐ Delete
NAME **BERRY, CHRISTINE R**
STREET ADDRESS **220 LAKEVIEW DR**
CITY-ST-ZIP **N. FT MYERS FL 33917-3423**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **BERRY, CHRISTINE ROBYN**
STREET ADDRESS **600 Astorias Cir**
CITY-ST-ZIP **Ft Myers, FL 33907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

C. Robyn Berry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

(239) 939-4686
 Daytime Phone #

CR2E034 (9/01)