## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P98000067740** May 15, 2000 8:00 am Secretary of State THE RATTLER GROUP, INC. 05-15-2000 90146 019 \*\*\*150.00 Principal Place of Business Mailing Address 7328 W UNIVERSITY AVE. SUITE A 7328 W UNIVERSITY AVE. SUITE A GAINESVILLE FL 32607 GAINESVILLE FL 32607-1635 2. Principal Place of Business 3. Mailing Address 100 SW 75th St. 100 SW 75th St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 204 204 Applied For 4. FEI Number City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired us Fee Required 3260 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barber, Calvin BARBER, CALVIN J Street Address (P.O. Box Number is Not Acceptable) 7328 W UNIVERSITY AVE, SUITE A **GAINESVILLE FL 32607** Zip Code 32607 Gainesville 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 -alvin J. Barber of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition ☐ Delete TITLE TITLE BARBER, CALVIN J NAME NAME STREET ADDRESS 4700 SW ARDIER RD. D-31 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32605** Addition Delete ☐ Change TITLE **CULLEY, JOSEPH A III** NAME STREET ADDRESS STREET ADDRESS 1301 NW 31ST DRIVE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Change Addition ☐ Detete TITLE FREEMAN, CARLTON R NAME 105 NE 32 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34470 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME Johnson, Jerry NAME STREET ADDRESS STREET ADDRESS PO BOX 344 CITY-ST-ZIP CITY-ST-7IP WILLISTON FL 32696 ☐ Change Addition Delete TITLE . TITLE YOUNG, MICHEAL J NAME NAME STREET ADDRESS 5950 SW 28TH AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered.

Calvin J. Barber