

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90181 048 ***150.00

DOCUMENT # P98000086025

1. Entity Name
RBGB OF FLORIDA, INC.

Principal Place of Business

1750 W BROADWAY
STE 115
OVIEDO FL 32765
US

Mailing Address

1750 W BROADWAY
STE 115
OVIEDO FL 32765
US

2. Principal Place of Business

1225 BENNETT DR
Suite, Apt. #, etc.
142

3. Mailing Address

P.O. Box 520330
Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32750

Country

Seminole

Zip

FL 32750

Country

FL

4. FEI Number

59-3536636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURRIS, GREGORY F

815 EYRIE DRIVE
SUITE 2
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

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

1225 BENNETT DR. # 142

Longwood

City

FL

Zip Code

32750

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

Greg Burris

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

(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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BURRIS, GREGORY F	
STREET ADDRESS	815 EYRIE DRIVE, SUITE 2	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, RON	
STREET ADDRESS	815 EYRIE DR STE 2	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEHMKUHL, RICHARD T	
STREET ADDRESS	1750 W BROADWAY STE 115	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 407 831-8444

CR2E034 (10/00)