

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086673

1. Entity Name

THE RB GROUP, INC.

Principal Place of Business

6270 EDGEWATER DR., SUITE 5500
ORLANDO FL 32810

Mailing Address

6270 EDGEWATER DR., SUITE 5500
ORLANDO FL 32810-4732

2. Principal Place of Business

7803 N. Orange Blossom Trail

3. Mailing Address

← Same

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

← Same

City & State

Orlando FL

City & State

← Same

Zip

32810

Country

Orange

Zip

←

Country

4. FEI Number

59-3537065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANDAZZO, JEFFREY
6270 EDGEWATER DR., SUITE 5500
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

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

7803 N. Orange Blossom Trail
Suite #2

City

Orlando

FL

Zip Code

32810

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

N/A

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, 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 ☐ Delete

NAME RANDAZZO, JEFFREY
STREET ADDRESS 6270 EDGEWATER DR., SUITE 5500
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Delete

NAME VP
STREET ADDRESS SPENCE, STEWART
CITY-ST-ZIP 6270 EDGEWATER DR #5500
ORLANDO FL 32810

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 ☐ Change ☐ Addition

NAME 7803 N. OBT, Ste #2
STREET ADDRESS Orlando FL 32810
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME 7803 N. OBT, Ste #2
STREET ADDRESS Orlando FL 32810
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

POSTED

CR20034 (9/00)