

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008973

1. Entity Name

R. C. LIGHT, INC.

*Amended*

APPROVED  
AND  
FILED

00 NOV 13 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3909 BIBB LANE  
SUITE 103  
ORLANDO FL 32817

Mailing Address

3909 BIBB LANE  
SUITE 103  
ORLANDO FL 32817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593403863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROST, SCOTT R  
228 PARK AVENUE N  
SUITE B  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Thomas V. Infantino

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

Suite 7

180 South Knowles Ave

City

Winter Park

FL

Zip Code

32789

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
R. CHRISTINE LIGHT  
3909 BIBB LANE  
ORLANDO, FL 32817

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
3000003492345-8

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
-12/11/00-01022  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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

R. Christine Light

9/7/00

407

681 4242

Daytime Phone

CR2E034 (5/00)