

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054581

1. Entity Name
RUSTIC PLAYGROUND, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90980 032 ***150.00

Principal Place of Business
20741 TAMiami TRAIL SOUTH
ESTERO FL 33928

Mailing Address
20741 TAMiami TRAIL SOUTH
ESTERO FL 33928-2834



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
same

3. Mailing Address
same

City & State
City & State

4. FEI Number
65-0939416

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Country Zip Country
Lee

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILFORD, PATTY
20741 TAMiami TRAIL SOUTH
ESTERO FL 33928

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<i>Vice Pres</i>	<i>Jamie West</i>	<i>20741 Tamiami</i>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<i>President</i>	<i>Larry Milford</i>	<i>24411 Stillwell Pkwy</i>	<i>Bonita Springs FL 34135</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<i>Sec - Treas</i>	<i>Patty Milford</i>	<i>24411 Stillwell Pkwy</i>	<i>Bonita Springs FL 34135</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> 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 *Larry Milford Pres* *4-29-00* *826 3888*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)