

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088613

1. Entity Name

RFB COMMUNICATIONS GROUP, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90027 007 ***150.00

Principal Place of Business

220 SOUTH FRANKLIN ST.
TAMPA FL 33602

Mailing Address

220 SOUTH FRANKLIN ST.
TAMPA FL 33602-5330

2. Principal Place of Business

215 East Davis Blvd.
Suite, Apt. #, etc.

3. Mailing Address

215 East Davis Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3603036

Applied For

Not Applicable

Zip

Country

33606 USA

Zip

Country

33606 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SIYER, NEAL A
220 SOUTH FRANKLIN ST.
TAMPA FL 33602

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

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TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

President, Secretary, Treasurer ☐ Change ☒ Addition

Suzanne Boland
215 E. Davis Blvd.
Tampa, FL 33606

Vice President ☐ Change ☒ Addition

Elizabeth Roop
215 E. Davis Blvd.
Tampa, FL 33606

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Elizabeth S. Roop, V.P.

Date

1-24-00 813/259-0345

Daytime Phone #

CR2E034 (9/99)