

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90029 002 ***150.00

DOCUMENT # P99000091084

1. Entity Name

R-7 PROPERTIES, INC.

Principal Place of Business

**1711 DANSBY RD
 WAUCHULA FL 33873**

Mailing Address

**1711 DANSBY RD
 WAUCHULA FL 33873**

2. Principal Place of Business

Hardee Co.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Wauchula FL

City & State

4. FEI Number **65-0958110**

Applied For

Not Applicable

Zip

Country

Zip

Country

33873

U.S.

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

6. Name and Address of Current Registered Agent

**ROGERS, JAMES A
 1711 DANSBY RD
 WAUCHULA FL 33873**

7. Name and Address of New Registered Agent

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, 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 **P** ☐ Delete

NAME **ROGERS, JAMES A**
 STREET ADDRESS **1711 DANSBY RD**
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **S** ☐ Delete

NAME **ROGERS, CATHERINE J**
 STREET ADDRESS **1711 DANSBY RD**
 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
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 CITY-ST-ZIP

TITLE ☐ Delete

NAME
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 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 empowered.

SIGNATURE: **Catherine Janiece Rogers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine Janiece Rogers

Date

Daytime Phone #

CR2E034 (10/00)