## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 11, 2000 8:00 am Secretary of State OCUMENT # **V06494** RICE REALTY GROUP, INC. 05-11-2000 90298 027 \*\*\*158.75 Mailing Address rincipal Place of Business 1743 W FLETCHER AVE TO W FLETCHER AVE TAMPA FL 33612-1820 FL 33612 ~~~~ 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEi Number City & State City & State 59-3112685 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICE, MITCHELL F. Street Address (P.O. Box Number is Not Acceptable) 1743 W FLETCHER AVE TAMPA FL 33612 Zip Code City 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. DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) **PVPT** □ Change ☐ Addition □ Delete TIT! F RICE, MITCHELL F. NAME STREET ADDRESS Arminings 1743 W FLETCHER AVE. CITY-ST-7IP ST ZIP TAMPA FL ☐ Change ☐ Addition ☐ Delete · · · moutgg STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Addition ☐ Delete ☐ Change NAME STREET ADDRESS инпосе́с CITY-ST-ZIP ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS KIND OF CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition , Delete TITLE NAME STREET ADDRESS ADDRESS CITY-ST-7IP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-7IP I hereby certify that the information supplied with this filling 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.

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