2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am DOCUMENT # **V65000** 1. Entity Name Secretary of State RCJ OF WINTER PARK NO. 1, INC. 05-08-2000 90190 010 ***150.00 Mailing Address Principal Place of Business 500 PARK AVE S. 500 PARK AVE. S. STE. 202 STE. 202 **7000000** WINTER PARK FL 32789 WINTER PARK FL 32789-4389 3. Mailing Address 2. Principal Place of Business P. O. BOX 1720 <u>301 S. ORLANDO AVE.</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. **STE. 200** Applied For City & State 4. FEI Number City & State 59-3141829 Not Applicable WINTER PARK, FL MAITLAND \$8.75 Additional Country 5. Certificate of Status. Desired **USA** Fee Required 32751 USA 32790~~= 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARD M. ROBINSON PRICE, PAMELA O Street Address (P.O. Box Number is Not Acceptable) 201 E. PINE STREET, SUITE 1200 201 E. PINE ST STE. 1200 ORLANDO FL 32801 Zip C32801 ORLANDO. 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. Richard M. Robinson (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition **PSD** ☐ Delete TITLE TITLE HOLLER, ROGER W., JR. NAME NAME 301 S. ORLANDO AVE., STE. 200 STREET ADDRESS 500 PARK AVE S., STE. 202 STREET ADDRESS CITY-ST-ZIP MAITLAND, FL. 32751 CITY-ST-ZIP WINTER PARK FL ☐ Addition Change Delete TITLE TITLE HOLLER, ROGER W III NAME NAME 301 S. ORLANDO AVE., STE. 200 STREET ADDRESS STREET ADDRESS 500 PARK AVE S., STE. 202 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL MAITLAND, FL. 32751 TITLE ☐ Delete TITLÉ HOLLER, CHRISTOPHER A NAME NAME STREET ADDRESS 301 S. ORLANDO AVE., STE 200 STREET ADDRESS 500 PARK AVE S., STE. 202 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL <u>MAITLAND, FL. 32751</u> Change ☐ Addition ☐ Delete TITLE HOLLER ROGERS, JULIETTE E. 301 S. ORLANDO AVE., STE. 200 NAME HOLLER, JUIETTE E NAME STREET ADDRESS STREET ADDRESS 500 PARK AVE. S., STE. 202 CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL. 32751 WINTER PARK FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplies ental 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 of the 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 addition. Aid in the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yorkon

4011645-418/ Daytime Phone #