## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # F40577** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name RILAND, INC. 04-26-2000 90048 045 \*\*\*150.00 Principal Place of Business Mailing Address % FREDERICK P. LANDENBERGER. JR % FREDERICK P. LANDENBERGER. JR 101 N.E. 19TH AVENUE #126B 101 N.E. 19TH AVENUE #126B DEERFIELD BEACH FL 33441-1569 DEERFIELD BEACH FL 33441-4593 3. Mailing Address 2. 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 59-2118752 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANDENBERGER, FREDERICK P., JR Street Address (P.O. Box Number is Not Acceptable) 101 N.E. 19TH AVENUE #126B DEERFIELD BEACH FL 33441-1569 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE Delete KAINOL, ALBERT NAME NAME 333 NE 19 AVENUE #402 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH, FL 00000 ☐ Addition ☐ Change ☐ Delete TITLE LANDENBERGER, FREDERICK NAME NAME STREET ADDRESS STREET ADDRESS 101 NE 19TH AVE #126B CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH,F L. ☐ Change Addition ☐ Delete TITLE TITLE BUSCHMAN, KATHLEEN NAME NAME 851 SE 4TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Change [ ] Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE 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 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: Transfer of Printed NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date