## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE SIGNATURE OF SIGNATURE AND THE SIGNATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 02, 2002 8:00 am Secretary of State F40577 DOCUMENT # 1. Entity Name 05-02-2002 90122 013 \*\*\*150.00 RILAND, INC. 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 33441-1569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2118752 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANDENBERGER, FREDERICK P., JR Street Address (P.O. Box Number is Not Acceptable) 101 N.E. 19TH AVENUE #126B DEERFIELD BEACH FL 33441-1569 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11: OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition KAINOL, ALBERT NAME. NAME 333 NE 19 AVENUE #402 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition LANDENBERGER, FREDERICK NAME NAME 101 NE 19TH AVE #126B STREET ADDRESS STREET ADDRESS DEERFIELD BEACH.F L. CITY-ST-ZIP CITY-ST-ZIP TITLE Delete \_\_\_ TITLE \_ Change ☐ Addition BUSCHMAN, KATHLEEN NAME NAME STREET ADDRESS 851 SE 4TH AVE STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RISI, JOYCE M NAME NAME 9149 H SW 21 CT STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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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Daytime Phone #

FILED