

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90139 011 ***150.00

04/2024 AV

DOCUMENT # F40577

1. Entity Name
RILAND, INC.



Principal Place of Business
% FREDERICK P. LANDENBERGER, JR
101 N.E. 19TH AVENUE #126B
DEERFIELD BEACH FL 33441-1569

Mailing Address
% FREDERICK P. LANDENBERGER, JR
101 N.E. 19TH AVENUE #126B
DEERFIELD BEACH FL 33441-1569

11012169



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2118752**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDENBERGER, FREDERICK P., JR
101 N.E. 19TH AVENUE #126B
DEERFIELD BEACH FL 33441-1569

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **VP** Delete
NAME: **KAINOZ, ALBERT**
STREET ADDRESS: **333 NE 19 AVENUE #402**
CITY-ST-ZIP: **DEERFIELD BEACH FL**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **DP** Delete
NAME: **LANDENBERGER, FREDERICK**
STREET ADDRESS: **101 NE 19TH AVE #126B**
CITY-ST-ZIP: **DEERFIELD BEACH, FL**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **T** Delete
NAME: **BUSCHMAN, KATHLEEN**
STREET ADDRESS: **851 SE 4TH AVE**
CITY-ST-ZIP: **POMPANO BEACH FL**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **S** Delete
NAME: **RISI, JOYCE M**
STREET ADDRESS: **9149 H SW 21 CT**
CITY-ST-ZIP: **BOCA RATON FL 33428**

TITLE: **S** Change Addition
NAME: **HEIDI TETZLAFF**
STREET ADDRESS: **12577 WOODMILL DRIVE**
CITY-ST-ZIP: **PALM BEACH GARDENS, FL 33418**

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FREDERICK P. LANDENBERGER, JR.** Date: **4/18/2003** Daytime Phone #: **(954) 428-2107**

CR2E034 (10/02)