

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90978 003 ***150.00

0092890 AV

DOCUMENT # P99000077938

1. Entity Name
RYBOLT'S RESERVE DEVELOPMENT CORPORATION

Principal Place of Business
**1017 E. SOUTH ST.
 ORLANDO FL 32801**

Mailing Address
**1017 E. SOUTH ST.
 ORLANDO FL 32801**

757473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3600907

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

**HILL, CAREY L
 390 N. ORANGE AVE., STE 000-
 ORLANDO FL 32801**

Name
 Street Address (P.O. Box Number is Not Acceptable)
Suite 2180
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Delete
 NAME: **D CASEY, DENNIS J**
 STREET ADDRESS: **360 E. TROTTERS DR.**
 CITY-ST-ZIP: **MAITLAND FL 32751**

TITLE: ☒ Change ☐ Addition
 NAME: **DVP**
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME: **D BOLEN, JAMES L**
 STREET ADDRESS: **2 ISLE OF SICILY**
 CITY-ST-ZIP: **WINTER PARK FL 32789**

TITLE: ☒ Change ☐ Addition
 NAME: **DST**
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME: **D HILL, CAREY L**
 STREET ADDRESS: **1921 HOFFNER AVE.**
 CITY-ST-ZIP: **ORLANDO FL 32809**

TITLE: ☒ Change ☐ Addition
 NAME: **DP.**
 STREET ADDRESS:
 CITY-ST-ZIP:

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
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 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3127102 407 8955578

Date Daytime Phone #

CR2E034 (9/01)