

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 535661

1. Entity Name

RYLAND COMMUNITIES, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90013 013 ***150.00

Principal Place of Business

Mailing Address

26750 US HWY 19 N
STE 301
CLEARWATER FL 33761

11000 BROKEN LAND PKWY
C915
COLUMBIA MD 21044-3541

2. Principal Place of Business

2536 Countryside Blvd

3. Mailing Address

Suite, Apt. #, etc.

SUITE 250

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip

33763

Country

4. FEI Number

59-1741950

Applied For

Not Applicable

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

CORP. SERVICES COMPANY
201 HAYS ST
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P. GARRITY, JOHN
26750 US HWY 19 N STE 301
CLEARWATER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2536 Countryside Blvd Ste 250

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WRIGHT, WILLIAM
26750 US HWY 19 N STE 301
CLEARWATER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2536 Countryside Blvd Ste 250

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S.
SILVA, SUSAN
26750 US HWY 19 N STE 301
CLEARWATER FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASS
NORTON, DAVID C
26750 US HWY 19 N STE 301
CLEARWATER FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
MANTCH, RENE L
26750 US HWY 19 N STE 301
CLEARWATER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RENE L. MENTCH
11000 Broken Land Pkwy
COLUMBIA MD 21044

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
TIMOTHY J GECKLE
11000 BROKEN LAND PKWY
COLUMBIA, MD 21044

☐ Change ☒ Addition

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:

Timothy J Geckle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY J GECKLE 5/1/2000

Date

410-715-7000

Daytime Phone #

CR2E034 (9/99)