

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90367 045 \*\*\*150.00

**DOCUMENT # 535661**

1. Entity Name

**RYLAND COMMUNITIES, INC.**

Principal Place of Business

**26750 US HWY 19 N  
 STE 301  
 CLEARWATER FL 33761**

Mailing Address

**11000 BROKEN LAND PKWY  
 C915  
 COLUMBIA MD 21044**

2. Principal Place of Business

3. Mailing Address

**24025 Park Sorrento**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 400**

City & State

City & State

**Calabasas, CA**

Zip

Country

Zip

**91302**

Country

**USA**

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

**CORP. SERVICES COMPANY  
 201 HAYS ST  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2001 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

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | <b>P</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>GARRITY, JOHN</b>             |  |
| STREET ADDRESS | <b>26750 US HWY 19 N STE 301</b> |  |
| CITY-ST-ZIP    | <b>CLEARWATER FL</b>             |  |
| TITLE          | <b>VP</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>WRIGHT, WILLIAM</b>           |  |
| STREET ADDRESS | <b>26750 US HWY 19 N STE 301</b> |  |
| CITY-ST-ZIP    | <b>CLEARWATER FL</b>             |  |
| TITLE          | <b>S</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SILVA, SUSAN</b>              |  |
| STREET ADDRESS | <b>26750 US HWY 19 N STE 301</b> |  |
| CITY-ST-ZIP    | <b>CLEARWATER FL</b>             |  |
| TITLE          | <b>ASS</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>NORTON, DAVID C</b>           |  |
| STREET ADDRESS | <b>26750 US HWY 19 N STE 301</b> |  |
| CITY-ST-ZIP    | <b>CLEARWATER FL</b>             |  |
| TITLE          | <b>AT</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>MANTCH, RENE L</b>            |  |
| STREET ADDRESS | <b>26750 US HWY 19 N STE 301</b> |  |
| CITY-ST-ZIP    | <b>CLEARWATER FL</b>             |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |  |
|----------------|---|--|
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          | <b>S</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Geckle Timothy J.</b>                        |  |
| STREET ADDRESS | <b>24025 Park Sorrento, Suite 400</b>           |  |
| CITY-ST-ZIP    | <b>Calabasas, CA 91302</b>                      |  |
| TITLE          | <b>AS</b>                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Thompson, M. Melinda</b>                     |  |
| STREET ADDRESS | <b>10400 Little Patuxent Parkway, Suite 200</b> |  |
| CITY-ST-ZIP    | <b>Calabasas, CA 91302</b>                      |  |
| TITLE          | <b>AT</b>                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Mentch, Rene L.</b>                          |  |
| STREET ADDRESS | <b>24025 Park Sorrento, Suite 400</b>           |  |
| CITY-ST-ZIP    | <b>Calabasas, CA 91302</b>                      |  |
| TITLE          | <b>T</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Lowe, Cathryn S.</b>                         |  |
| STREET ADDRESS | <b>24025 Park Sorrento, Suite 400</b>           |  |
| CITY-ST-ZIP    | <b>Calabasas, CA 91302</b>                      |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)