

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90335 009 ***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

24025 PARK SORRENTO
SUITE 400
CALABASAS CA 91302
US

2. Principal Place of Business

255 Pine Avenue North

3. Mailing Address

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Zip Country

34677 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, 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

TITLE ☐ Delete
NAME **P. GARRITY, JOHN**
STREET ADDRESS **26750 US HWY 19 N STE 301**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE ☐ Delete
NAME **S. GECKLE, TIMOTHY J**
STREET ADDRESS **24025 PARK SORRENTO SUITE 400**
CITY-ST-ZIP **CALABASAS CA 91302**

TITLE ☐ Delete
NAME **AS THOMPSON, M MELINDA**
STREET ADDRESS **10400 LITTLE PATUXENT PKWY STE 200**
CITY-ST-ZIP **CALABASAS CA 91302**

TITLE ☐ Delete
NAME **AT MENTCH, RENE L**
STREET ADDRESS **24025 PARK SORRENTO SUITE 400**
CITY-ST-ZIP **CALABASAS CA 91302**

TITLE ☐ Delete
NAME **T. LOWE, CATHEY S**
STREET ADDRESS **24025 PARK SORRENTO SUITE 400**
CITY-ST-ZIP **CALABASAS CA 91302**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **P. Garrity, John**
STREET ADDRESS **2536 Countryside Blvd, Suite 250**
CITY-ST-ZIP **Clearwater, FL 33763**

TITLE ☒ Change ☐ Addition
NAME **VP Wright, William**
STREET ADDRESS **255 Pine Avenue North**
CITY-ST-ZIP **Oldsmar, FL 34677**

TITLE ☐ Change ☒ Addition
NAME **AT Britton, Harriet A.**
STREET ADDRESS **24025 Park Sorrento, Suite 400**
CITY-ST-ZIP **Calabasas, CA 91302**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE: **NOTE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

(813) 223-7536

Daytime Phone #

CR2E034 (9/01)