

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000012

1. Entity Name  
RUGBY IPD CORP.

Principal Place of Business  
2575 WESTSIDE PARKWAY, SUITE 800  
ALPHARETTA GA 30004

Mailing Address  
2575 WESTSIDE PARKWAY, SUITE 800  
ALPHARETTA GA 30004

2. Principal Place of Business  
5501 A AIRPORT Blvd  
Suite, Apt. #, etc.  
#103

3. Mailing Address  
1440 S Priest Dr  
Suite, Apt. #, etc.  
#103

City & State  
TAMPA FL

City & State  
TEMPE AZ

Zip  
33634

Country  
USA

Zip  
85281

Country  
USA

4. FEI Number  
58-2506595  
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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIER, ANDY 1440 SOUTH PRIEST DRIVE TEMPE AZ 85281	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD CLARKE, MICHAEL R 2575 WESTSIDE PARKWAY, SUITE 800 ALPHARETTA GA 30004	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NINA Posey 1440 S PRIEST DR #103 TEMPE AZ 85281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DUNN, EDWIN R 130 EAST RANDOLPH DRIVE, SUITE 3500 CHICAGO IL 60601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, JAMES CROWN HOUSE RUGBY, ENGLAND CV21 2DT	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Nina Posey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Secy / TREASURER*

3/12/01

480-968-2208

Date

Daytime Phone #

CR2E034 (10/00)