

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002104

1. Entity Name

RYLAND INSURANCE SERVICES, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90229 010 \*\*\*150.00

Principal Place of Business

Mailing Address

14505 N HATDEN RD  
STE B340  
SCOTTSDALE AZ 85260  
US

11000 BROKEN LAND PKWY.  
COLUMBIA MD 21044-3541

2. Principal Place of Business

3. Mailing Address

14555 N. HAYDEN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

City & State  
SCOTTSDALE AZ 8

City & State

Zip  
85260

Country  
USA

Zip

Country

4. FEI Number 68-0365723

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	PD	<input type="checkbox"/> Delete
NAME	SCHRIENER, DANIEL	
STREET ADDRESS	11000 BROKEN LAND PKWY.	
CITY-ST-ZIP	COLUMBIA MD 21044	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MENTCH, RENE L	
STREET ADDRESS	11000 BROKEN LAND PKWY.	
CITY-ST-ZIP	COLUMBIA MD 21044	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHREINER, DANIEL	
STREET ADDRESS	11000 BROKEN LAND PKWY.	
CITY-ST-ZIP	COLUMBIA MD 21044	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANGAN, MICHAEL D	
STREET ADDRESS	11000 BROKEN LAND PKWY.	
CITY-ST-ZIP	COLUMBIA MD 21044	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, DAVID J	
STREET ADDRESS	14505 N HAYDEN RD STE B340	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COHEN, MICHELE	
STREET ADDRESS	11000 BROKEN LAND PKWY	
CITY-ST-ZIP	COLUMBIA MD 21044	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6300 CANOGA AVE	
CITY-ST-ZIP	WOODLAND HILLS, CA 91367	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan M. Cass	
STREET ADDRESS	6300 CANOGA AVE	
CITY-ST-ZIP	WOODLAND HILLS, CA 91367	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL GRAHAM	
STREET ADDRESS	14555 N HAYDEN RD SUITE 100	
CITY-ST-ZIP	SCOTTSDALE, AZ 85260	
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		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

407-157000

Date

Daytime Phone #

CR2E034 (9/99)