

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. G73656

### 1. Entity Name

**RIEDEL AGENCIES INSURANCE & TRAVEL INC.**

Mailing Address

% JAMES P. RIEDEL  
3570 CONSUMER STREET. #1  
RIVIERA BEACH FL 33404

% JAMES P. RIEDEL  
3570 CONSUMER STREET. #1  
RIVIERA BEACH FL 33404-1740

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

**59-2309193**

Not Applicable
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☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

RIEDEL, JAMES P.  
3570 CONSUMER STREET  
#1  
RIVIERA BEACH FL 33404

Street Address (P.O. Box Number is Not Acceptable)

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, 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**

**\$5.00** May Be  
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	RIEDEL, JAMES P	
STREET ADDRESS	3570 CONSUMER STREET #1	
CITY-ST-ZIP	RIVIERA BCH. FL 00000	

TITLE	VP	<input type="checkbox"/> Delete
NAME	EATON, JUNE	
STREET ADDRESS	3570 CONSUMER STREET #1	
CITY-ST-ZIP	RIVIERA BCH. FL	

TITLE	ST	<input type="checkbox"/> Delete
NAME	RIEDEL, MARIE	
STREET ADDRESS	3570 CONSUMER STREET #1	
CITY-ST-ZIP	RIVERA BCH. FL	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
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CITY - ST - ZIP	

☐ Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James P. Redel 1-4-00 561-863-5207

Date \_\_\_\_\_

Daytime Phone #