## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H55442**

1. Entity Name

V. & W. RIDER CO., INC.

## FILED Jan 25, 2000 8:00 am Secretary of State

Suite Apt. II, etc.   Suite Apt. II, etc.   DD NOT WRITE IN THIS SPACE    City & State   City & State   City & State   A. FEI Number   S9-2602189   Applied Fr.   Net Apr. II.   Net Apr. II.   See Paquillocal   RIDER, WINNFRED   Size   Address of Current Registered Agent   Name						01-25	5-2000 90085	040 ***1	150.00	
16134 SNOW MEMORIAL HYY BROOKSVILLE FL 34601 4163  2. Principal Place of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City & FL Zip Code  Street Address of New Registered Agent  Name  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  The corporation is eligible to seasely it in intendible and exercise in a statement for the purpose of changing its registered agent, or both, in the State of Florids.  SIGNATURE  Street Address (PO. Box Number is Not Acceptable)  The Corporation is eligible to seasely it in intendible and exercise in a statement of the purpose of changing its registered agent, or both, in the State of Florids.  SIGNATURE  9. This corporation is eligible to seasely it in intendible and exercise in a statement and registered agent, or both, in the State of Florids.  SIGNATURE  9. This corporation is eligible to seasely it intendible and exercise in a statement and exercise in a state of Florids.  SIGNATURE  9. This corporation is eligible to seasely it intendible and exercise in a statement of the purpose of changing its registered agent, or both, in the State of Florids.  SIGNATURE  9. This corporation and elicities to do so.  Mater MAY 1, 2000 Fee will be \$550,00  Are Florids Agents  City State Address  City State Address  City State Address  City State	Principal Plac	e of Business	Mailing Address		<del></del>					
Suite Apt. II, etc.   Suite Apt. II, etc.   DD NOT WRITE IN THIS SPACE    City & State   City & State   City & State   A. FEI Number   S9-2602189   Applied Fr.   Net Apr. II.   Net Apr. II.   See Paquillocal   RIDER, WINNFRED   Size   Address of Current Registered Agent   Name	16134 SNOW MEMORIAL HWY		C/O WINIFRED RIDER 16134 SNOW MEMORIAL HWY			1 (88(8)) 6(8)	Print Briss Briss Bubil			I (
City & State    Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional   \$8.75 Additi	2. Principal F	Place of Business	3. Mailing Address							
Zip Country Zip Country 5. Country 5. Country 5. Country 5. Contification of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
S. Name and Address of Currant Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Street Address (RO. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both. in the State of Florida.  SIGNATURE  Signature type or present registered agent, or both. in the State of Florida.  Flat Niting requirement and elects to do so.  After MAY 1, 2000 Fee will be \$350.00  Make Check Payable to Department of State  11.  PD  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BROOKSVILLE FL  VD  INDER, WINIFRED  G1334 SNOW MEMORIAL HWY  BROOKSVILLE FL  VD  INDER, WINIFRED  G1344 SNOW MEMORIAL HWY  BROOKSVILLE FL  VD  INDER, WINIFRED  G1345 SNOW MEMORIAL HWY  BROOKSVILLE FL  VD  INDER, WINIFRED  G1345 SNOW WEMORIAL HWY  BROOKSVILLE FL  VD  INDER, WINIFRED  G1345 SNOW WEMORIAL HWY  BROOKSVILLE FL  VD  INDER, WINIFRED  G1345 SNOW WEMORIAL HWY  BROOKSVILLE FL  VD  INDER, WINIFRED  G1345 SNOW WEMORIAL HWY  BROOKSVILLE FL  VD  INDER, WINIFRED  G1345 SNOW WEMORIAL HWY  BROOKSVILLE FL  VD  INDER, WINIFRED  G1345 SNOW WEMORIAL HWY  BROOKSVILLE FL  VD  INDER, WINIFRED  G1345 SNOW WEMORIAL HWY  BROOKSVILLE FL  THE  THE  THE  THE  THE  THE  THE  TH	City & State		City & State		4	I. FEI Number	59-2602189	)		
RIDER, WINIFRED 16134 SNOW MEMORIAL HWY BROOKSVILLE FL 34601  City FL Zip Code  6. 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  Granue, hybrid or present named and entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax Hilling requirement and elects to do so. Make Check Payable to Department of State  11.	Zip	Country	Zip	Country		6. Certificate of S	Status Desired			
RIDER, WINIFRED 16134 SNOW MEMORIAL HWY BROOKSVILLE FL 34601  City  FL Zip Code  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  9. This corporation is eligible to satisfy its imangible tax fling requirement and elects to do so.  (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER MAKE  STREET ADDRESS  CITY-ST-ZIP  TITE  NAME  SITEET ADDRESS  SITEET ADDRESS  CITY-ST-ZIP  WRIGHT, MARY E.  SARGH ADDRESS  CITY-ST-ZIP  WRIGHT, MARY E.  SARGH ADDRESS  CITY-ST-ZIP  Delete  TITE  NAME  SARGH ADDRESS  CITY-ST-ZIP  Delete  TITE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITE  NAME  STREET ADDRESS  CITY-ST-ZIP  Change Add  Add  Change Add  STREET ADDRESS  CITY-ST-ZIP  TITE  NAME  STREET ADDRESS  CITY-ST-ZIP  Change Add  Change Add  STREET ADDRESS  CITY-ST-ZIP  Change Add  STREET ADDRESS  CITY-ST-ZIP  Change Add  Change Add  STREET ADDRESS  CITY-ST-ZIP  Change Add  STREET ADDRESS  CITY-ST-ZIP  Change Add  STREET ADDRESS  CITY-ST-ZIP  Change Add  Change Add  Change Add  Change Add  STREET ADDRESS  CITY-ST-ZIP  Change Add		6. Name and Address of Current R	egistered Agent .			. Name and Ad	dress of New Re	egistered A	gent	
Signature requirement and elects to do so.  (See criteria on back)  Till  PD  RIDER, V. D., JR.  RIDER, V. D., JR.  RIDER, V. D., JR.  RIDER, WINIFRED  16134 SNOW MEMORIAL HWY  BROOKSVILLE FL  TILL  NAME  STREET ADDRESS  CITY-ST-2P  RIDER, WINIFRED  16134 SNOW MEMORIAL HWY  BROOKSVILLE FL  TILL  NAME  STREET ADDRESS  CITY-ST-2P  RIDER, WINIFRED  16134 SNOW MEMORIAL HWY  BROOKSVILLE FL  TILL  NAME  STREET ADDRESS  CITY-ST-2P  RIDER, WINIFRED  16134 SNOW MEMORIAL HWY  BROOKSVILLE FL  TILL  NAME  STREET ADDRESS  CITY-ST-2P  RIDER, WINIFRED  16134 SNOW MEMORIAL HWY  BROOKSVILLE FL  TILL  NAME  STREET ADDRESS  CITY-ST-2P  CHARGE  WHIGHT, MARY E.  SSREET ADDRESS  CITY-ST-2P  CHARGE  STREET ADDRESS  CITY-ST-2P  CHARGE  CHARGE  CHARGE  CHARGE  CHARGE  CHARGE  CHARGE  CHARGE  STREET ADDRESS  CITY-ST-2P  CHARGE  CHAR	RiDe	~	[		· · · · · · · · · · · · · · · · · · ·	-				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Surpanue, pract or priest name of registered agent and store it applicable.   (NOTE Registered Agent argumative required when remarking)   DATE    9. This corporation is eligible to satisfy its Initiangible   Task filling requirement and elects to do so. (See criteria on back)   After MAY 1, 2000 Fee will be \$550.00   Make Check Payable to Department of State    11.			Sir	et Address (P.O	. Box Number is	Not Acceptable)				
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  Segnature, hybed or printed name of registered Agent and the if applicable.  (NOTE: Registered Agent alignature reculted when remaistant)  P. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)  P. OFFICERS AND DIRECTORS  TILE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  WIGHT, MARY E.  STREET ADDRESS  CITY-ST-ZIP  TITLE  WIGHT, MARY E.  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Change  Add  Add  Add  Change  Add  Add  Add  Change  Add  Add  Add  Add  Add  Add  Add  A	21.10			Cit	,		<del></del>	FI	Zip Cod	e
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT THE NAME STREET ADDRESS OITY-ST-ZIP  TITLE NAME STREET ADDRESS OITY-ST-ZIP  BROOKSVILLE FL  VD RIDER, V. D., JR. STREET ADDRESS OITY-ST-ZIP  BROOKSVILLE FL  VD RIDER, V. D., JR. STREET ADDRESS OITY-ST-ZIP  BROOKSVILLE FL  VD RIDER, VINIFRED 16134 SNOW MEMORIAL HWY STREET ADDRESS OITY-ST-ZIP  STREET ADDRESS OITY-ST-ZIP  NAME STREET ADDRESS OITY-ST-ZIP  NAME STREET ADDRESS OITY-ST-ZIP  NAME STREET ADDRESS OITY-ST-ZIP  NAME STREET ADDRESS OITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS OITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP  STREET ADDRESS OITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP STREET ADDRESS OITY-ST-ZIP STREET ADDRESS OITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP STREET ADDRESS OITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP ST	8. The above	named entity submits this statement for	the purpose of changing its r	registered offi	ce or registered	agent, or both, in	n the State of Flor		ــــــــــــــــــــــــــــــــــــــ	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME STREET ADDRESS  CITY-ST-ZP  NAME STREET ADDRESS  CITY-ST-ZP  WRIGHT, MARY E.  STREET ADDRESS  CITY-ST-ZP  WRIGHT, MARY E.  STREET ADDRESS  CITY-ST-ZP  WRIGHT, MARY E.  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME STREET ADDRESS  CITY-ST-ZP  Delete  TITLE  NAME STREET ADDRESS  CITY-ST-ZP  Change Add Add Add Add Change Add Add Add Add Change Add Add Add Add Add Change Add Add Add Add Add Add Add Add Add Ad	SIGNATURE .	Signature, lyped or printed name of registered agent an	d tille if applicable (NOTE:	Registered Agent	signshus required whe	an reunetation)		DATE		·
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  Trust Fund Contribution.  Added to Fees  Added to Fees  Added to Fees  Trust Fund Contribution.  Trust Fund Contribution.  Added to Fees  Added to Fees  Added to Fees  Added to Fees  Trust Fund Contribution.  Added to Fees  Trust Fund Contribution.  Added to Fees  Added to Fee		<del></del>								
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NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS	NAME STREET ADDRESS	WRIGHT, MARY E. 5980 SHORE BLVD. SOUTH, APT.		name Street addr	ESS		. <del>.</del>		☐ Change-	☐ Additi
NAME STREET ADDRESS  NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME Street addr	ESS				☐ Change	Additir
victorian   □ UIT-S1-20*	NAME	. * 6	☐ Delete	NAME	ESS	, , , , , , ,			☐ Change	☐ Additic
TITLE  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 informatio 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 direct	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDR CITY-ST-ZIP						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 i changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

MATUREAND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/14/00 353-796-903