

'2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013878

1. Entity Name
RIECK LAND COMPANY, L.L.C.

FILED

01 APR -9 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
18600 LAKE BEND DR.
JUPITER FL 33458

Mailing Address
18600 LAKE BEND DR.
JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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 Edward E. Rieck III

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

18600 Lake Bend Dr

City Jupiter, FL

FL

Zip Code 33458

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

Edward E. Rieck III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Apr 3, 2001

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD E. RIECK JR 622 Berkshire Dr. Pittsburgh, Pa 15215 Delete <input type="checkbox"/> CEO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edward E. Rieck 18600 Lake Bend Dr. Jupiter, FL 33458 Delete <input type="checkbox"/> President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edward E. Rieck IV 18600 Lake Bend Dr. Jupiter, FL 33458 Delete <input type="checkbox"/> VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lexi Rieck 18600 Lake Bend Dr Jupiter, FL 33458 Delete <input type="checkbox"/> VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Delete <input type="checkbox"/>

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

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Edward E. Rieck III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Apr 3, 2001

Date

Daytime Phone #

561-762-1409

CR2E083 (11/00)