

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90189 002 \*\*\*\*50.00

**DOCUMENT # L00000015168**

1. Entity Name

**HOLCOMBE-RYBA, LLC**

Principal Place of Business

**8840 TERENCE COURT. BLDG. B  
 BONITA SPRINGS FL 34134**

Mailing Address

**1934 TIMBERLINE DR.  
 NAPLES FL 34109**

2. Principal Place of Business

**8860 Terrene Ct**

3. Mailing Address

**8860 Terrene Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bonita Springs FL**

City & State

**Bonita Springs FL**

Zip

**34135**

Country

**USA**

Zip

**34135**

Country

**USA**

4. FEI Number

**59-3685617**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HOLCOMBE, THOMAS H.G.  
 1934 TIMBERLINE DR.  
 NAPLES FL 34109**

7. Name and Address of New Registered Agent

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

*Thomas H.G. Holcombe* **Thomas H.G. Holcombe**

**4-23-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
 NAME **HOLCOMBE, THOMAS H.G.**  
 STREET ADDRESS **1934 TIMBERLINE DR.**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **RYBA, MICHAEL F**  
 STREET ADDRESS **2169 45TH TERRACE**  
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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:

*Thomas H.G. Holcombe*

**4-23-02 239-949-2900**

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

Date

Daytime Phone #

CR2E083 (9/01)