Polal 2

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L22233								
1 Entry Name Ryland Real Estate Advisors, Inc.					FILED			
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Principal Plac	a of Ausinass	Mailing Address			,.U1	APR 27 AM	1 9: 13	
	ntie Ct.	836 Coontie Ct.			SECRETARY OF STATE			
Fort Lauderdale, FL		Fort Lauderdale, FL			SECRETARY OF STATE			
33312-2	500	33312-2500			• •			
Principal Place of Business 3. Mailing Address					-			
836 Coontie Ct.		836 Coontie Ct. Suite Aot. #. etc.			TO NOT WORTH IN THE COAC			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State Fort Lauderdale, FL			4. FEI Number Applied For 650155548 Not Applicable			
Fort Lauderdale, FL Zip Country		Zip Country					\$8,75 Additional	163
33312-2500 USA		33312-2500 USA			Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
Corporation Service Company 1201 Hays Street				Stephen H. Matthews (1) 4 The WS Street Address (P.O. Box Number is Not Acceptable)				
Tallahassee, FL 32301				GREET AUDIESS (1. C. CON TRINGER IS NOT ACCEPTED BY				
				836 S.W. 4th Ct.				
City Ft.					Lauderdale FL Zip Code 33312			
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or register	red agent, or both, in the Sta	ite of Florida.		
SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)	DATE		
	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	or Table 17 to 18 to	ALL OF THE SECTION AND A SECTION AND ASSESSMENT OF THE SECTION ASSESSMENT	10. Election Camp		\$5.00 May Be	
~	ria on back)	Make Check Payer					,	
11.	OFFICERS AND	4	12.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN 11 ☐ Change ☐ Additi	
TITLE NAME	President Matheu Stephen H. Mattheus	Delete Delete	TITLE	i i			□ cuquâs □ voqu	<u>" </u>
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STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify for	r the exe	ST-ZIP	ection 119.07(3)(i). Florida S	tatutes. I further cert	tify that the information	\dashv
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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the process of the corporation of the corporation or the process of the corporation of the cor								
changed,	or on an attachment with an eddess, w	ith all other like empowered		11/2	A la	CE/752	1710	
SIGNAT	URE:	und ,		TIM	2) (J.	, Som	-0111	-
	SIGNATURE AND TYPED OR PR	UNTED NAME OF STORING OFFICER	OR DIRECT	OH -	▼ Date	D:	aylame Phone #	

Stephen H. matheus





ACCOUNT NO. : 072100000032

REFERENCE: 126645 167099A

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: April 24, 2001

ORDER TIME: 10:40 AM

ORDER NO. : 126645-005

CUSTOMER NO: 167099A

CUSTOMER:

Lori Castaneda, Esq

Suite 100

2730 Gateway Oaks Dr. Sacramento, CA 95833

ANNUAL REPORT FILING

NAME:

RYLAND REAL ESTATE ADVISORS,

INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

___ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CARINA DUNLAP _ - Ext. 1151

EXAMINER'S INITIALS: