

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38943

1. Entity Name

RYDER ORTHOPAEDICS, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90107 045 \*\*\*150.00

Principal Place of Business

Mailing Address

3049 CLEVELAND AVE., SUITE 102  
 FORT MYERS FL 33901

3049 CLEVELAND AVE., SUITE 102  
 FORT MYERS FL 33919-1058

2. Principal Place of Business

3. Mailing Address

1500 Royal Palm Sq B1

1500 Royal Palm Sq B1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

Suite 104

City & State

City & State

Fort Myers FL

Fort Myers FL

Zip

Country

33919

USA USA

Zip

Country

33919

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0165394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWEN, PATRICIA A  
 635 S.E. 34 STREET  
 CAPE CORAL FL 33904

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

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**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
 NAME RYDER, LAURA E  
 STREET ADDRESS 635 SE 34 ST  
 CITY-ST-ZIP CAPE CORAL FL

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

TITLE TS ☐ Delete  
 NAME OWEN, PATRICIA A  
 STREET ADDRESS 635 S.E. 34 STREET  
 CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE V ☒ Delete  
 NAME RYDER, JOSHUA C  
 STREET ADDRESS 2003 NE 3RD ST  
 CITY-ST-ZIP CAPE CORAL FL 33909

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)