

2000 UNIFORM BUSINESS REPORT (UBR)

0007897 AF

DOCUMENT # L97000001023

1. Entity Name
RYMA, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:14

Principal Place of Business
9700 - 9TH STREET NORTH - STE. 400
ST. PETERSBURG FL 33702

Mailing Address
9700 - 9TH STREET NORTH - STE. 400
ST. PETERSBURG FL 33702-2475



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1901 Ulmerton Rd.

Suite, Apt. #, etc.

Suite 700

City & State
Clearwater, FL

Zip Country
33762 USA

3. Mailing Address
1901 Ulmerton Rd.

Suite, Apt. #, etc.

Suite 700

City & State
Clearwater, FL

Zip Country
33762 USA

4. FEI Number 59-3469551

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWE, JAMES C ESQ.
C/O RIDEN, EARLE & KIEFNER, P.A.
100 2ND AVENUE SOUTH - STE. 400-N
ST. PETERSBURG FL 33701

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM MARKEL, GARY L ☐ Delete
STREET ADDRESS 9700 - 9TH STREET NORTH - STE. 400
CITY - ST - ZIP ST. PETERSBURG FL 33702

TITLE NAME MGRM NORTH, Angela ☐ Delete
STREET ADDRESS 1901 Ulmerton Rd. Ste 700
CITY - ST - ZIP Clearwater, FL 33762

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☒ Change ☐ Addition
STREET ADDRESS Markel, Gary L.
CITY - ST - ZIP 1901 Ulmerton Rd, Ste. 700
Clearwater, FL 33762

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003121874--2
CITY - ST - ZIP -02/03/00--01007--011
*****55.00 *****55.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)