

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 30 AM  
SECRETARY OF STATE  
TALLAHASSEE, FL

0018842 AF

DOCUMENT # L97000001023

1. Entity Name  
RYMA, L.C.

Principal Place of Business Mailing Address  
1901 ULMERTON ROAD, SUITE 700 1901 ULMERTON ROAD, SUITE 700  
CLEARWATER FL 33762 CLEARWATER FL 33762

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

7. Name and Address of New Registered Agent

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

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. (NOT Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

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

TITLE MGRM ☐ Delete  
NAME NORTH, ANGELA  
STREET ADDRESS 1901 ULMERTON ROAD, SUITE 700  
CITY-ST-ZIP CLEARWATER FL 33762

TITLE ☐ Change ☐ Addition  
NAME 4000004220284-2  
STREET ADDRESS -05/16/01--01087--012  
CITY-ST-ZIP \*\*\*\*\*590.00 \*\*\*\*\*55.00

TITLE MGRM ☐ Delete  
NAME MARKEL, GARY L  
STREET ADDRESS 1901 ULMERTON ROAD, SUITE 700  
CITY-ST-ZIP CLEARWATER FL 33762

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)