

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001074

1. Entity Name

RY & P, L.L.C.

Principal Place of Business

1900 SUMMIT TOWER BLVD., SUITE 600  
ORLANDO FL 32810

Mailing Address

1900 SUMMIT TOWER BLVD., SUITE 600  
ORLANDO FL 32810

2. Principal Place of Business

423 SOUTH KELLER ROAD

3. Mailing Address

423 SOUTH KELLER ROAD

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32810

Country

Zip

32810

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

YESAWICH, PETER C  
1900 SUMMIT TOWER BLVD., SUITE 600  
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

PETER C. YESAWICH

Street Address (P.O. Box Number is Not Acceptable)

423 SOUTH KELLER ROAD, SUITE 100

City

ORLANDO

FL

Zip Code

32810

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

8/1/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

500004524195--2

-08/08/01--01049--008

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME YESAWICH, PETER C  
STREET ADDRESS 1900 SUMMIT TOWER BLVD., SUITE 600  
CITY-ST-ZIP ORLANDO FL 32810

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGRM  
NAME PETER C. YESAWICH  
STREET ADDRESS 423 SOUTH KELLER ROAD, SUITE 100  
CITY-ST-ZIP ORLANDO, FL 32810

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 REQUIRED

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

8/1/01

407 875 1111

Date

Daytime Phone #

CR2E083 (5/01)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE