

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M19390

1. Entity Name

RYDER COMMUNICATIONS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90203 016 ***150.00

Principal Place of Business

4691 N UNIVERSITY DR
STE 211
CORAL SPRINGS FL 33067
US

Mailing Address

4691 N UNIVERSITY DR
STE 211
CORAL SPRINGS FL 33067-4620
US

2. Principal Place of Business

4630 No. University Dr.
Suite, Apt. #, etc.
Ste. 211

3. Mailing Address

4630 No. University Dr.
Suite, Apt. #, etc.
Ste. 211

City & State

Coral Springs, FL
Zip
33067

Country
USA

City & State

Coral Springs, FL
Zip
33067

Country
USA

4. FEI Number

59-2588290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYDER, DAVID
4691 N UNIVERSITY DR
STE 211
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name David Ryder

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

4630 No. University Dr.
#211

City Coral Springs

FL

Zip Code
33067

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

David Ryder

(NOTE: Registered Agent signature required when reinstating)

2/25/2000
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

TITLE PD
NAME RYDER, DAVID
STREET ADDRESS 4691 N UNIVERSITY DR STE 211
CITY-ST-ZIP CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME David Ryder
STREET ADDRESS Address: 4630 No. University Dr.
CITY-ST-ZIP #211 Coral Springs, FL 33067

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

David Ryder
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2000
Date

954-344-0040
Daytime Phone #

CR2E034 (9/99)