

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000050

1. Entity Name

REIDER INVESTMENT CO., LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 AM 11:58

Principal Place of Business
1900 CONSULATE PLACE, SUITE 1404
WEST PALM BEACH FL 33401

Mailing Address
1900 CONSULATE PLACE, SUITE 1404
WEST PALM BEACH FL 33401-1842

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

DO NOT WRITE IN THIS SPACE

65-287-2750

APPLIED FOR

Applied For

Not Applied For

Zip

Country

Zip

Country

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

REIDER, HOWARD
1900 CONSULATE PLACE, SUITE 1404
WEST PALM BEACH FL 33401

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME REIDER, HOWARD
STREET ADDRESS 1900 CONSULATE PLACE, SUITE 1404
CITY- ST- ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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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 #

1/15/00 561 689