

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99550

1. Entity Name

RICHNEAL CORPORATION

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90043 020 ***150.00

A0051482

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% Richard A. Coffman %Richard A. Coffman
3360 S. Ocean Blvd. 3360 S. Ocean Blvd.
Apt. 6H South Apt. 6H South
~~Palm Beach FL 33480~~ ~~Palm Beach FL 33480~~

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 65-0074905 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Coffman, Richard A.
3360 South Ocean Blvd.
Apt. 6H South
Palm Beach, FL 33480

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	Coffman, Richard A.	
STREET ADDRESS	3360 S. Ocean Blvd. #6H S	
CITY-ST-ZIP	Palm Beach, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	Coffman, Neal B.	
STREET ADDRESS	4661 Hazeleton Lane	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	C	<input type="checkbox"/> Delete
NAME	Feiner, Elliot J.	
STREET ADDRESS	10 Rogers St.	
CITY-ST-ZIP	Cambridge, MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X Richard A. Coffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date X 4/9/01 Daytime Phone # _____

CR2E034 (11/00)