

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM  
Secretary of State

DOCUMENT # N96000003706

1. Entity Name  
RAMATA, INC.

Principal Place of Business

1235 SE 24 AVE

CAPE CORAL  
32990

FL

Mailing Address

C/O WEINMAN, STEVE  
PO BOX 793  
IMMOKALEE  
34143

US

FL

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

65-0692115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEWMAN STEVEN D  
1235 SE 24 AVE

CAPE CORAL FL  
33990

7. Name and Address of New Registered Agent

Name  
WEINMAN STEVEN D

Street Address (P.O. Box Number is Not Acceptable)  
1235 SE 24 AVE

City  
CAPE CORAL FL Zip Code  
33990

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 STEVEN D. WEINMAN

04/28/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME AKIN SHARON  
STREET ADDRESS CO 1235 SE 24 AVE  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE D ☒ Delete  
NAME ROYSTON ROBERT DJR  
STREET ADDRESS 12670 NEW BRITTANY BLVD. #101  
CITY-ST-ZIP FORT MYERS FL 33906

TITLE D ☐ Delete  
NAME WEINMAN STEVE  
STREET ADDRESS 1235 SE 24 AVE  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE D ☐ Delete  
NAME AKIN RICHARD  
STREET ADDRESS 1235 SE 24 AVE  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.