

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/16

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90061 048 \*\*\*150.00

**DOCUMENT # P00000012689**

1. Entity Name

**RON RICHARD INC.**

Principal Place of Business

**450 CARRIAGE HOUSE LANE  
 TARPON SPRINGS FL 34689**

Mailing Address

**450 CARRIAGE HOUSE LANE  
 TARPON SPRINGS FL 34689**

2. Principal Place of Business

**RON'S NATURAL FOODS**

Suite, Apt. #, etc.

3. Mailing Address

**4954 RIDGEMOOR BLVD.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**59-3629530**

City & State

**SAME**

City & State

**PALM HARBOR FL.**

4. FEI Number

**59-00-207778-013**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34685**

**Pinnellas**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RICHARD, RONALD  
 450 CARRIAGE HOUSE LANE  
 TARPON SPRINGS FL 34689**

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

*Ronald J. Richard*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-8-01**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>Pres.</b>			
	<b>RONALD J. RICHARD</b>	<b>450 CARRIAGE HOUSE LN.</b>	<b>TARPON SPRINGS, FL 34689</b>	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Ronald J. Richard*

Signature and typed or printed name of signing officer or director

**1-8-01**

Date

**727-786-9222**

Daytime Phone #

CRE034 (10/00)