

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90165 043 \*\*\*550.00

**DOCUMENT # P00000018943**

1. Entity Name  
**RUTH D. SULLIVAN, INC.**

Principal Place of Business

**529 VERA CRUZ DRIVE  
 DESTIN FL 32541**

Mailing Address

**529 VERA CRUZ DRIVE  
 DESTIN FL 32541**

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3630371**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WRIGHT, PETER E  
 646 HWY 98  
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

**SAME WRIGHT, PETER W.**

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

**SAME**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **PT** ☐ Delete  
 NAME **WRIGHT, MARY S**  
 STREET ADDRESS **529 VERA CRUZ DR**  
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **VP** ☐ Delete  
 NAME **SULLIVAN, SANUAZ E**  
 STREET ADDRESS **3403 GARDEN GATE WAY**  
 CITY-ST-ZIP **HOUSTON TX 77059**

TITLE **S** ☐ Delete  
 NAME **LAMAR, MARGERY S**  
 STREET ADDRESS **1516 KNOLLWOOD PLACE**  
 CITY-ST-ZIP **ANNAPOLIS MD 21401**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VP** ☒ Change ☐ Addition  
 NAME **SULLIVAN, SAMUEL E.**  
 STREET ADDRESS **SAME**  
 CITY-ST-ZIP

TITLE **SAME** ☐ 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

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:

**MARY S. WRIGHT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)