

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90071 048 ***158.75

047134

DOCUMENT # P00000057905

1. Entity Name
RIRIE 'N GO ENTERPRISES, INC.

Principal Place of Business
 P.O. BOX 1670.6535-2 RIVER RD.
 CALLAHAN FL 32011-1670

Mailing Address
 P.O. BOX 1670.6535-2 RIVER RD.
 CALLAHAN FL 32011-1670

A0050403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 KINGS ROAD SOUTH
 Suite, Apt. #, etc.
SUITE 1-4 AND 7

3. Mailing Address
Ririe 'N Go Enterprises, Inc.
d/b/a Monte's Pizza
P.O. Box 1506
Callahan, FL 32011-1506

City & State
CALLAHAN, FL
 Zip
32011
 Country
USA

4. FEI Number
59-3652391
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLAIR, THOMAS AVERY
6535-2 RIVER RD.
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name **MONTE R. TYLER**
 Street Address (P.O. Box Number is Not Applicable)
2639 PARISH CEMETERY ROAD
 City **JACKSONVILLE** **FL** **32206-2050**

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]*
 Signature, typed or printed name of registered agent and firm if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

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 PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME THOMAS AVERY BLAIR	
STREET ADDRESS P.O. BOX 1670, 6535-2 RIVER ROAD	
CITY-ST-ZIP CALLAHAN, FL 32011-1670	
TITLE SECRETARY	<input checked="" type="checkbox"/> Delete
NAME JEANNE V. CHAMBERLAIN	
STREET ADDRESS P.O. BOX 1670, 6535-2 RIVER ROAD	
CITY-ST-ZIP CALLAHAN, FL 32011-1670	
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 PRESIDENT & TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MONTE R. TYLER	
STREET ADDRESS 2639 PARISH CEMETERY ROAD	
CITY-ST-ZIP JACKSONVILLE, FL 32206-2050	
TITLE VICE PRESIDENT & SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARGERY L. TYLER	
STREET ADDRESS 2639 PARISH CEMETERY ROAD	
CITY-ST-ZIP JACKSONVILLE, FL 32206-2050	
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
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 **(904) 879-4979**
 Date Daytime Phone #

CR2E034 (10/00)