

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90211 044 ***150.00

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DOCUMENT # P01000074419

1. Entity Name

RINGENSON HOSPITALITY & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

8518 MILANO DRIVE, #2025
 ORLANDO FL 32810

8518 MILANO DRIVE, #2025
 ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

6036 TARAWOOD DR. 6036 TARAWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO

ORLANDO

Zip

Country

Zip

Country

32819

32819

4. FEI Number

59-373 2968

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

7. Name and Address of New Registered Agent

RINGENSON, KAI O ⁶⁰³⁶
~~8518 MILANO DRIVE, #2025~~ Tarawood Drive
 ORLANDO FL 32810-32819

Name **Ringenson, Kai O**

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

6036 Tarawood Drive

City **Orlando**

FL

Zip Code

32819

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

Kai Ringenson **Kai Ringenson, Director** **3/30/02**
 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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD RINGENSON, KAI O 8518 MILANO DRIVE, #2025 ORLANDO FL 32810 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD RINGENSON, SUSANNE 8518 MILANO DRIVE, #2025 ORLANDO FL 32810 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6036 TARAWOOD DR ORLANDO FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6036 TARAWOOD DR ORLANDO FL 32819 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kai Ringenson **Kai Ringenson, Director** **3/27/02** **407-4750956**

CR2E034 (9/01)