

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90565 010 ***150.00

DOCUMENT # P01000077322

1. Entity Name

RICHARD & RICHARD ASSOCIATES, INC.

Principal Place of Business

**8701 SE WATER OAK PLACE
 TEQUESTA FL 33469**

Mailing Address

**8701 SE WATER OAK PLACE
 TEQUESTA FL 33469**

2. Principal Place of Business

The Connection
 Suite, Apt. #, etc.

3. Mailing Address

916 Northlake Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NPB FL

City & State

NPB FL

4. FEI Number

65-1127420

Applied For

Not Applicable

Zip

33408

Country

Zip

33408

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RIENZO, CHARLES A
 8701 SE WATER OAK PLACE
 TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

Name **James Degregorio**
 Street Address (P.O. Box Number is Not Acceptable) **916 Northlake Blvd**
 City **North Palm Beach** **FL** Zip Code **33408**

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

Charles Rienzo *James Degregorio President 4/12/02*
 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEGREGORIO, JAMES	
STREET ADDRESS	8701 SE WATER OAK PLACE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIENZO, CHARLES	
STREET ADDRESS	8701 SE WATER OAK PLACE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIENZO, ALICE	
STREET ADDRESS	8701 SE WATER OAK PLACE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FLORVILLE, GWEN	
STREET ADDRESS	8701 SE WATER OAK PLACE	
CITY-ST-ZIP	TEQUESTA FL 33469	
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	<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	
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:

James Degregorio *4/12/02 (561) 892-4144*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/01)