

FILED
Jul 24, 2003 8:00 am
Secretary of State

05-02-2003 90119 010 ***150.00

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**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

55052192

DOCUMENT # P02000026971

1. Entity Name
RYA, INC.

Principal Place of Business
**1000 SE 4TH AVENUE
 GAINESVILLE, FL 32601**

Mailing Address
**1000 SE 4TH AVENUE
 GAINESVILLE, FL 32601**

2. Principal Place of Business
 City & State

3. Mailing Address
 City & State

4. FEI Number
02-0561451

5. Name and Address of General Registered Agent
**KAYE, ALLAN H ESQ.
 6300 BOW STOUT DRIVE
 GAINESVILLE, FL 32601**

6. Name and Address of State Registered Agent
FL

7. Effective Date of Filing
4/30/03

8. Expiration Date of Filing
05/03

16. OFFICERS AND DIRECTORS		17. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY:	
16A NAME JOHN W. BROWN CITY-STATE-ZIP GAINESVILLE, FL 32601	<input type="checkbox"/> Date	17A NAME JOHN W. BROWN CITY-STATE-ZIP GAINESVILLE, FL 32601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16B NAME SCOTT, MICHAEL R 1000 SE 4TH AVENUE GAINESVILLE, FL 32601	<input type="checkbox"/> Date	17B NAME SCOTT, MICHAEL R 1000 SE 4TH AVENUE GAINESVILLE, FL 32601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16C NAME [Blank]	<input type="checkbox"/> Date	17C NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16D NAME [Blank]	<input type="checkbox"/> Date	17D NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16E NAME [Blank]	<input type="checkbox"/> Date	17E NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16F NAME [Blank]	<input type="checkbox"/> Date	17F NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16G NAME [Blank]	<input type="checkbox"/> Date	17G NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16H NAME [Blank]	<input type="checkbox"/> Date	17H NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

18. I hereby certify that the information supplied herein is true and correct and that the signature of the person listed in Section 16B is the signature of the person named or authorized to sign this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 16 or Block 17 if changed, or on an attachment with an exhibit, with all other file responses.

SIGNATURE: *[Signature]* **07/11/03**

PO BOX 6327
 TALLAHASSEE, FL 32314