

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05750

1. Entity Name

R.L. BEST INTERNATIONAL, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90093 018 \*\*\*150.00

Principal Place of Business

1775 EAST LAKE MARY BLVD  
SANFORD FL 32773  
US

Mailing Address

1775 E. LAKE MARY BLVD.  
SANFORD FL 32773-7138  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1464887

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEST, TED A.  
1775 EAST LAKE MARY BLVD  
SANFORD FL 32773

Name

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

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.

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 \$150.00**  
**After MAY 1, 2000 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	VP	<input type="checkbox"/> Delete
NAME	KAVANAUGH, WILLIAM	
STREET ADDRESS	6811 COLEEN	
CITY-ST-ZIP	BOARDMAN OH	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BEST, TED A.	
STREET ADDRESS	1775 E. LAKE MARY BLVD.	
CITY-ST-ZIP	SANFORD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEST, MARK R.	
STREET ADDRESS	9896 DELTONA DRIVE	
CITY-ST-ZIP	NEW MIDDLETOWN OH	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	BEST, RICHARD L	
STREET ADDRESS	824 BEV ROAD	
CITY-ST-ZIP	YOUNGSTOWN OH	
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"/> 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	
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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: *TED A. BEST*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

407-321-1285

Daytime Phone #

CR2E034 (9/99)