

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11653

1. Entity Name

RICHARDSON INVESTMENT HOLDING COMPANY

Principal Place of Business

7886 BARTHOLOMEU DR
N FT MEYERS FL 33917
US

Mailing Address

P.O. BOX 9364
FORT MYERS FL 33902-9364
US

2. Principal Place of Business

5236 SW 3rd Ave
Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 9364
Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Ft. Myers, FL

Zip

33914

Country

U.S.A.

Zip

33902

Country

U.S.A.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, DEAN
7886 BARTHOLOMEU DR
N FT MEYERS FL 33917

7. Name and Address of New Registered Agent

Name Dean Richardson

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

5236 SW 3rd Ave

City Cape Coral

FL

Zip Code 33914

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

Dean Richardson

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

TITLE PS
NAME RICHARDSON, DEAN
STREET ADDRESS 7886 BARTHOLOMEU DR
CITY-ST-ZIP N FT MEYERS FL ☐ Delete

TITLE VPD
NAME RICHARDSON, HOLLY
STREET ADDRESS 2525 WILLIAMS DR., #180
CITY-ST-ZIP BURNSVILLE MI ☐ Delete

TITLE SC
NAME RICHARDSON, TROY
STREET ADDRESS 7886 BARTHOLOMEU DR
CITY-ST-ZIP N FT MEYERS FL 33917 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *p/s/mo*
NAME Dean Richardson ☒ Change ☒ Addition
STREET ADDRESS 5236 SW 3rd Ave
CITY-ST-ZIP Cape Coral, FL 33914

TITLE *VP/D*
NAME Holly S Richardson ☒ Change ☒ Addition
STREET ADDRESS 5236 SW 3rd Ave
CITY-ST-ZIP Cape Coral, FL 33914

TITLE *CH*
NAME Troy Richardson ☒ Change ☒ Addition
STREET ADDRESS 5236 SW 3rd Ave
CITY-ST-ZIP Cape Coral FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Dean Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

Date Daytime Phone #

941-545-2106

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90084 010 ***150.00

80032968



DO NOT WRITE IN THIS SPACE