

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000033836

1. Entity Name
RUGGIERO PROPERTIES, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90010 016 ***550.00

Principal Place of Business
140 ISLAND SANCTUARY
INDIAN RIVER SHORES FL 32963
US

Mailing Address
140 ISLAND SANCTUARY
INDIAN RIVER SHORES FL 32963
US

2. Principal Place of Business
100 SABLE OAK LANE

3. Mailing Address
4250 Veterans Mem. Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 101

Suite 225

City & State
Vero Beach FLA.

City & State
Holbrook N.Y.

Zip
32963

Country
USA

Zip
11741

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0415821

Applied For
Not Applicable

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

HENDERSON, STEVE L
817 BEACHLAND BLVD.
VERO BEACH FL 32963

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☒ Delete
NAME RUGGIERO, JOHN
STREET ADDRESS ~~140 ISLAND SANCTUARY~~
CITY-ST-ZIP INDIAN RIVER SHORES FL

TITLE ☒ Change ☐ Addition
NAME RUGGIERO, JOHN
STREET ADDRESS 100 SABLE OAK LANE
CITY-ST-ZIP APT 101 INDIAN RIVER SHORES FL

TITLE D ☒ Delete
NAME RUGGIERO, MARTHA D
STREET ADDRESS ~~140 ISLAND SANCTUARY~~
CITY-ST-ZIP INDIAN RIVER SHORES FL

TITLE ☒ Change ☐ Addition
NAME RUGGIERO, MARTHA D
STREET ADDRESS 100 SABLE OAK LANE
CITY-ST-ZIP APT 101 INDIAN RIVER SHORES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)