

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048427

1. Entity Name

RIISE GROUP, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90147 046 \*\*\*150.00

Principal Place of Business

201 SOUTH ORANGE AVENUE  
SUITE 1060 SIGNATURE PLAZA  
ORLANDO FL 32801

Mailing Address

201 SOUTH ORANGE AVENUE  
SUITE 1060 SIGNATURE PLAZA  
ORLANDO FL 32801

2. Principal Place of Business

450 South Orange Ave.  
Suite, Apt. #, etc.  
Suite 510  
City & State  
Orlando, Florida

3. Mailing Address

450 South Orange Ave  
Suite, Apt. #, etc.  
Suite 510  
City & State  
Orlando, Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3147977

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, JEAN E  
201 SOUTH ORANGE AVENUE  
SUITE 1060 SIGNATURE PLAZA  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Jean E. Wilson  
Street Address (P.O. Box Number is Not Acceptable)  
450 S Orange Avenue,  
Suite 510  
City Orlando FL Zip Code 32801

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

4-23-01

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, 2001 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 PT  
NAME MATTHEWS, IRVING J  
STREET ADDRESS 351 PLAZA DR.  
CITY-ST-ZIP EUSTIS FL ☐ Delete

TITLE VS  
NAME WILSON, JEAN E  
STREET ADDRESS 8962 GARY HAWK POINT  
CITY-ST-ZIP ORLANDO FL 32836 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE  
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 407/426-7595  
Date Daytime Phone #

CR2E034 (10/00)