

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082530

1. Entity Name

RYAN MANAGEMENT SERVICES, INC.

*f*

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90007 005 \*\*\*150.00

Principal Place of Business

10261 BOCA CIR  
NAPLES FL 33942

Mailing Address

10261 BOCA CIR  
NAPLES FL 33942

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **34109**

Country

Zip **34109**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0517590**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, JAMES E  
10261 BOCA CIR  
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name **JEFFREY R. LAMB**

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

**9915 TAMiami TRAIL N., SUITE 2**

City **NAPLES** FL **34108**

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

*Jeffrey R. Lamb*

**JEFFREY R. LAMB, E.A.**

**07/25/00**

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 **RYAN, JAMES E**  
STREET ADDRESS **10261 BOCA CIR**  
CITY-ST-ZIP **NAPLES FL 33942**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34109**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/25/00**

Date

**941-597-3636**

Daytime Phone #

CS-1004-0000

**THOMAS WANDERON & ASSOCIATES**

• TAX ACCOUNTING, INC. •

July 20, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Ryan Management Services, Inc.  
10261 Boca Circle  
Naples, FL 34109  
EIN # 65-0517590

Enclosed please find the 2000 Uniform Business Report and filing fee of \$150.00 for the above captioned corporation.

The taxpayer did not receive the first UBR notice. However, the taxpayer received this second notice (attached) at the address shown above. As a result, we are requesting an abatement of the penalty for late filing.

The taxpayer intends to meet all filing responsibilities in a timely manner.

Please verify that future mailings are directed to the address above. Your cooperation in this matter will be greatly appreciated.

Very truly yours,



Jeffrey R. Lamb, E.A.  
Thomas Wanderon & Associates