

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064170

1. Entity Name
RIDERS G. P., INC.Principal Place of Business
671 W. FRONT STREET
SUITE 210
CELEBRATION FL 34747
USMailing Address
671 W. FRONT STREET
SUITE 210
CELEBRATION FL 34747
US2. Principal Place of Business
Suite, Apt. #, etc.
Suite # 2203. Mailing Address
Suite, Apt. #, etc.
Suite # 220City & State
City & State

City & State

4. FEI Number
43-1690428

Applied For

Not Applicable

Zip Country
Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

GRAY, DAVID
671 W. FRONT STREET
SUITE 210, 220
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

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

2/13/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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

CR2E034 (9/01)

TITLE DP Delete
NAME GRAY, DAVID
STREET ADDRESS 671 W. FRONT STREET, SUITE 210
CITY-ST-ZIP CELEBRATION FL 34747TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

Suite # 220

TITLE DS Delete
NAME DUPONT, JR. S
STREET ADDRESS P.O. BOX 8007
CITY-ST-ZIP VERO BEACH FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition140 Waterway Lane
Vero Beach FL 32963TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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)(l), 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

2/13/02

Date

Daytime Phone #