

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067807

1. Entity Name  
RYE, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90237 045 \*\*\*150.00

Principal Place of Business

5555 TAYLOR ROAD  
NAPLES FL 34109  
US

Mailing Address

P O BOX 770778  
NAPLES FL 34107  
US

2. Principal Place of Business

3. Mailing Address

2120 Cay Lagoon DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 224

City & State

City & State

Naples, FLORIDA

Zip

Country

Zip

Country

34109

Collier

4. FEI Number 59-3282437

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

MORRIS, WILLIAM  
247 N. COLLIER BLVD.  
SUITE 202  
MARCO ISLAND FL 33969

Name

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

City

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 *Susan B Licata*

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-16-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME LICATA, SUSAN B  
STREET ADDRESS 2002 L'AMBIANCE CR SUITE 202  
CITY-ST-ZIP NAPLES FL 34108

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

TITLE D ☐ Delete  
NAME LICATA, SUSAN B.  
STREET ADDRESS 2120 CAY LAGOON DR STE 224  
CITY-ST-ZIP Naples FL 34109

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

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

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CITY-ST-ZIP

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: *Susan B Licata*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

Daytime Phone

CR2E034 (10/00)