

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000050437**

1. Entity Name

MILLER EINHOUSE RYMER & ASSOCIATES, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90049 045 ***150.00

Principal Place of Business

Mailing Address

918 LUCERNE TERR.
ORLANDO FL 32806
US918 LUCERNE TERR.
ORLANDO FL 32806-1013
US

L0010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3325996**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHRISTOPHER, DONALD E
390 N. ORANGE AVE., STE. 2200
ORLANDO FL 32801

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 \$150.00**
After MAY 1, 2000 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

TITLE **D** ☐ Delete
NAME **MILLER, H. DOUGLAS**
STREET ADDRESS **1631 INDIAN DANCE COURT**
CITY-ST-ZIP **MAITLAND FL 32751**TITLE **D** ☐ Change ☐ *
NAME **RYMER, BARRY**
STREET ADDRESS **3606 FOREST ST.**
CITY-ST-ZIP **ORLANDO, FL 32806**TITLE **D** ☐ Delete
NAME **EINHOUSE, JEFFERY D**
STREET ADDRESS **1563 LYONS CT SOUTH**
CITY-ST-ZIP **OVEDO FL 32765**TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **MCCOY, RICK E**
STREET ADDRESS **10670 LAKEHILL DR.**
CITY-ST-ZIP **CLERMONT FL 34711**TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ *
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHIRLEY D. MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/21/00**
Date**407-246-0253**
Daytime Phone #