

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055152

1. Entity Name

CAPTAIN RODNEY RISTAU, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90168 042 \*\*\*150.00

Principal Place of Business

6344 WERNER AVE  
NEW PORT RICHEY FL 34652  
US

Mailing Address

6344 WERNER AVE  
NEW PORT RICHEY FL 34652-2152  
US

2. Principal Place of Business

6344 Werner Ave

Suite, Apt. #, etc.

3. Mailing Address

above

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
New Port Richey, FL

City & State

4. FEI Number 59-3330404

Applied For  
Not Applicable

Zip 34652

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

GONZALES, LARRY J  
6645 RIDGE ROAD  
PORT RICHEY FL 34668

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 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  
NAME RISTAU, RODNEY  
STREET ADDRESS 6344 WERNER AVE  
CITY-ST-ZIP NEW PORT RICHEY FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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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

Date

Daytime Phone #

CR2E034 (9/99)