

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059456

1. Entity Name

RITZI & THURBER, INC.

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90066 027 \*\*\*150.00

902224



DO NOT WRITE IN THIS SPACE

Principal Place of Business 160 SOUTH BEACH STREET DAYTONA BEACH FL 32114	Mailing Address 160 SOUTH BEACH STREET DAYTONA BEACH FL 32114
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3327762	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  DUNN, EDGAR M JR. 347 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114
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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 \_\_\_\_\_ (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, 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	
TITLE	P RITZI, THOMAS F 1408 OAKFOREST DR ORMOND BEACH FL 32174
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP RITZI, DAVID W 30 WARWICK AVE ORMOND BEACH FL 32174
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T RITZI-GRAY, CYNTHIA 17 TIFFANY CIR ORMOND BEACH FL 32174
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S THIRBER, PETER H 1401 S PALMER RD DAYTONA BCH FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: Cynthia Ritzi Gray CYNTHIA RITZI-GRAY 1/15/01 904-252-2632  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)