

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041814

1. Entity Name

RILYN Z., INC.

FILED

Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90144 004 \*\*\*150.00

Principal Place of Business

Mailing Address

4720 DARNELL DR  
SEBRING FL 33872

4900 BOABADILLA  
SEBRING FL 33872-1956

913697

2. Principal Place of Business

3. Mailing Address

4720 DARNELL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEBRING, FLA

Zip

Country

Zip

Country

33872

4. FEI Number

65-0673662

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

RHOADES, CLIFFORD R  
227 NO RIDGEWOOD DRIVE  
SEBRING FL 33870

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 ☐ Delete  
NAME DOWDY, MARILYN Z  
STREET ADDRESS 4900 BOABADILLA  
CITY-ST-ZIP SEBRING FL 33872

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

TITLE D ☐ Delete  
NAME DOWDY, THOMAS E  
STREET ADDRESS 4900 BOABADILLA  
CITY-ST-ZIP SEBRING FL 33872

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: Marilyn Z. Dowdy Marilyn Z Dowdy PRES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

Date

471-2961

Daytime Phone #