

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094610

1. Entity Name

RAM DEVELOPMENT COMPANY

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90138 009 \*\*\*150.00

Principal Place of Business

Mailing Address

3501 SW CORPORATE PKWY  
 PALM CITY FL 34990  
 US

3501 SW CORPORATE PKWY  
 PALM CITY FL 34990-8150  
 US

2. Principal Place of Business

3399 PGA Blvd.

3. Mailing Address

3399 PGA Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 450

Suite 450

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-071144

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

FRY, STEPHEN

3501 SW CORPORATE PKWY  
 PALM CITY FL 34990

Name

Fry, Stephen

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

3399 PGA Blvd.

Suite 450

City

Palm Beach Gardens, FL

Zip Code

33410

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]*

Stephen Fry

4/24/00

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	<input type="checkbox"/> Delete
NAME	CUMMINGS, PETER D	
STREET ADDRESS	3501 SW CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CUMMINGS, KEITH L	
STREET ADDRESS	3501 SW CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRY, STEPHEN	
STREET ADDRESS	3501 SW CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CHASEN, DONALD L	
STREET ADDRESS	3501 SW CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ERICKSON, BEVERLY	
STREET ADDRESS	2405 FISHER BUILDING	
CITY-ST-ZIP	DETROIT MI 48202	
TITLE	S	<input type="checkbox"/> Delete
NAME	ENGLISH, BETTY	
STREET ADDRESS	3501 SW CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3399 PGA Blvd, Suite 450
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3399 PGA Blvd, Suite 450
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3399 PGA Blvd, Suite 450
CITY-ST-ZIP	Palm Beach Gardens, FL 33410

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

Stephen Fry

4/24/00

(561) 630-6110

Vice President

Daytime Phone #

CR2E034 (9/99)