

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082112

1. Entity Name

RILEY WAYNE CONSTRUCTION

Principal Place of Business

561 OLD GENEVA ROAD
GENEVA FL 32732

Mailing Address

561 OLD GENEVA ROAD
GENEVA FL 32732-9511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONIGLIO, LAURA M
561 OLD GENEVA ROAD
GENEVA FL 32732

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 ☒ Delete
NAME MACDONALD, MICHAEL J
STREET ADDRESS 544 LAND AVE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☒ Delete
NAME FILDES, MICHAEL BW
STREET ADDRESS 1736 TOWNSEND OAK CIR
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☒ Delete
NAME EDWARDS, WILLIAM A
STREET ADDRESS 724 SUNCREST LOOP 102
CITY-ST-ZIP CASSLEBERRY FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS Laura M. Coniglio
CITY-ST-ZIP 561 Old Geneva Rd
Geneva, FL 32732

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Laura M. Coniglio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura M. Coniglio President 4-19-2000
407-349-2929
Date Daytime Phone #

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90030 006 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3471790** ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

CR2F034 (9/99)