

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90174 050 \*\*\*158.75

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DOCUMENT # P98000010145

1. Entity Name

OUTRIDER III INVESTMENTS, INC.

Principal Place of Business

201 SOUTH ORANGE AVENUE SUITE 105  
ORLANDO FL 32801

Mailing Address

101 EAST CENTRAL BLVD  
ORLANDO FL 32801

2. Principal Place of Business

201 South Orange Ave  
Suite, Apt. #, etc.  
Suite 105

3. Mailing Address

444 Delaney Park Dr  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3491518

Applied For

Not Applicable

Zip

32801

Country

ORANGE

Zip

32806

Country

ORANGE

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOOTE, DAVID H  
101 EAST CENTRAL BLVD  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

DAVID H. FOOTE

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

444 Delaney Park Dr.

City

Orlando

FL

Zip Code

32806

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	GREENE, LANNY L	
STREET ADDRESS	145 MARKHAM LONGWOOD ROAD	
CITY-ST-ZIP	SANFORD FL 32741	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOOTE, DAVID H	
STREET ADDRESS	121 NORTH JAMES AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID H. FOOTE	
STREET ADDRESS	444 Delaney Park Dr	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Date

407-425-9393

Daytime Phone #

CR2E034 (9/01)