

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000033925**

1. Entity Name

RYR PROPERTIES, INC.**FILED**
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90071 003 ***150.00

Principal Place of Business

Mailing Address

**1600 STELLA DRIVE
SARASOTA FL 34231****1600 STELLA DRIVE
SARASOTA FL 34231-3714**

2. Principal Place of Business

3. Mailing Address

1600 Stella Dr.
Suite, Apt. #, etc.**1600 Stella Dr.**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FLZip
34231

Country

USA

City & State

Sarasota, FLZip
34231

Country

USA

4. FEI Number

65-0840746

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

**ROKNICH, NICK
1800 2ND ST, SUITE 901
SARASOTA FL 34232**

Name

MIROSLAV ROSER

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

1600 Stella Dr.

City

Sarasota

FL

Zip Code

34231

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

MIROSLAV ROSER President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/009. 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 State10. 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 **D**
STREET ADDRESS **ROSER, RITA Y**
CITY-ST-ZIP **1600 STELLA DRIVE
SARASOTA FL 34231**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **PST**
STREET ADDRESS **MIROSLAV, ROSER**
CITY-ST-ZIP **1600 STELLA DR
SARASOTA FL 34231**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

MIROSLAV ROSER**3-13-00**

Date

941-926-0030

Daytime Phone #

CR2E034 (9/99)