

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050404

1. Entity Name

RIB CITY GROUP, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90058 009 ***150.00

Principal Place of Business

Mailing Address

2122 SECOND STREET
FORT MYERS FL 33901

2122 SECOND STREET
FORT MYERS FL 33901-3013

2. Principal Place of Business

12575 S Cleveland Ave

Suite, Apt. #, etc.

3. Mailing Address

12575 S Cleveland Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT Myers FL

City & State

FT Myers FL

4. FEI Number

65-0844721

Applied For

Not Applicable

Zip

33907

Country

USA

Zip

33907

Country

USA

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

PEDEN, PAUL D
2122 SECOND STREET
FORT MYERS FL 33901

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	PD	<input type="checkbox"/> Delete
NAME	PODEN, PAUL D	
STREET ADDRESS	2122 SECOND ST	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PODEN, CRAIG D	
STREET ADDRESS	2122 SECOND ST	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCOOK, PETER	
STREET ADDRESS	2122 SECOND ST	
CITY-ST-ZIP	FORT MYERS FL 33901	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peden Paul D	
STREET ADDRESS	12575 S Cleveland Ave	
CITY-ST-ZIP	FT Myers FL 33907	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peden Craig D	
STREET ADDRESS	12575 S. Cleveland Ave	
CITY-ST-ZIP	FT Myers FL 33907	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK Peter M	
STREET ADDRESS	12575 S. Cleveland Ave	
CITY-ST-ZIP	FT Myers FL 33907	
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:

Peter M Cook Peter M Cook 2/25/00 941-275-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)