

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059403

1. Entity Name

O'RIORDAN COMPANIES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90008 022 ***150.00

Principal Place of Business

Mailing Address

6621 N CENTRAL AVENUE
TAMPA FL 33604

6621 N CENTRAL AVENUE
TAMPA FL 33604-6110
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3519704

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

O'RIORDAN, JOSEPH
6621 N CENTRAL AVENUE
TAMPA FL 33604

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

TITLE	D	<input type="checkbox"/> Delete
NAME	O'RIORDAN, JOSEPH	
STREET ADDRESS	6621 N CENTRAL AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	ST	<input type="checkbox"/> Delete
NAME	O'RIORDAN, HEATHER	
STREET ADDRESS	6621 N CENTRAL AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUTTER, WILLIAM	
STREET ADDRESS	6621 N CENTRAL AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph O'Riordan	
STREET ADDRESS	8702 N. Highland Ave	
CITY-ST-ZIP	Tampa, FL 33604	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heather O'Riordan	
STREET ADDRESS	8702 N. Highland Ave.	
CITY-ST-ZIP	Tampa, FL 33604	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Rutter	
STREET ADDRESS	2115 W. Sewaha St.	
CITY-ST-ZIP	Tampa, FL 33612	
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: *Heather O'Riordan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00

Date

813-234-8800

Daytime Phone #

CR2E034 (9/99)