

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90189 026 \*\*\*150.00

**DOCUMENT # P98000066380**

1. Entity Name

**RIB CITY PINE ISLAND, INC.**

Principal Place of Business

**9856 STRINGFELLOW ROAD  
 ST. JAMES CITY FL 33945  
 US**

Mailing Address

**12575 S CLEVELAND AVE  
 FORT MYERS FL 33907  
 US**

2. Principal Place of Business

**9856 Stringfellow Road**

3. Mailing Address

**9856 Stringfellow Road**

Suite, Apt. #, etc.

**St. James City, F**

Suite, Apt. #, etc.

**ST. JAMES CITY, FL**

City & State

City & State

4. FEI Number **65-0853922**

Applied For

Not Applicable

Zip

**33956**

Country

**USA**

Zip

**33956**

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

**GREEN, BRUCE D  
 12800 UNIVERSITY DRIVE SUITE 600  
 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, 2001 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** ☒ Delete  
 NAME **PADON, PAUL D**  
 STREET ADDRESS **12575 S CLEVELAND AVE**  
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **President** ☐ Change ☒ Addition  
 NAME **Barbara Peden**  
 STREET ADDRESS **9856 Stringfellow Road**  
 CITY-ST-ZIP **St. James City, FL 33956**

TITLE **STD** ☒ Delete  
 NAME **PADEN, CRAIG**  
 STREET ADDRESS **12575 S CLEVELAND AVE**  
 CITY-ST-ZIP **FORT MYERS FL 33907**

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

TITLE **V** ☒ Delete  
 NAME **COOK, PETER M**  
 STREET ADDRESS **12575 S CLEVELAND AVE**  
 CITY-ST-ZIP **FORT MYERS FL 33907**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

**Barbara A. Peden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-4-2001**

Date

**941-283-0005**

Daytime Phone #

CR2E034 (10/00)