2000 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2000 8:00 am Secretary of State DOCUMENT # P98000096204 1. Entity Name RICKARD HOLDINGS, INC. 01-14-2000 90025 026 ***150.00 Principal Place of Business Mailing Address 1900 BUENA VISTA DRIVE 1800 BUENA VISTA DRIVE EUSTIS FL 32726 EUSTIS FL 32726-5706 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3545845 الطماع المواهم إمراه Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD RICKARD RICKARD, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1080 FAIRVIEW LANE 1800 BUENA VISTA **RIVIERA BEACH FL 33404** 8. The above named entity submits this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change ☐ Addition TITLE TITLE ☐ Delete RICHARD RICKARD RICKARD, RICHARD NAME NAME 1800 BUENA VISTA DE STREET ADDRESS 1080 FAIRVIEW LANE STREET ADDRESS CITY-ST-ZIP **RIVIERA BEACH FL 33404** CITY-ST-ZIP EUSTIS, FL. 32720 TITLE ☐ Change ☐ Addition TITLE ☐ Delete DELPHINE RICKARD RICKARD, DALPHINE M 1800 BUENA VISTA DRIVE NAME STREET ADDRESS STREET ADDRESS 1080 FAIRVIEW LANE CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Resulting AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat