

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90015 025 \*\*\*150.00

**DOCUMENT # P98000101936**

1. Entity Name  
**Revelry Group Inc.**

Principal Place of Business  
**9581 Sunrise Lakes Blvd.**  
**Bldg 119 Complex J Unit 107**  
**Sunrise, Fla. 33332**

Mailing Address  
**Same**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**65-0901795**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Patricia A. Rathburn**  
**217 NE 2nd Street**  
**Fort Lauderdale, Fla. 33301**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Linda Glynn** and **Rita Manukian**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)



L. H. Fuchs  
Executive Director

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

00244

TALLAHASSEE, FLORIDA 32399-0100

MARCH 22, 2000

SECOND NOTICE

098000101936  
840598

REVELRY GROUP INC  
9581 SUNRISE LAKES BLVD APT 107  
SUNRISE, FL 33322-6146

RE: FLORIDA CORPORATE  
INCOME TAX RETURN  
FEI: 65-0901795  
VAL: 09/28/99  
FYE: 12/98  
DBK: 502062255001

~~We have reviewed your return described above and in order to conclude~~  
processing of your return we need the following information:

Your Florida return was not signed by a corporate officer,  
as required by Section 220.221, Florida Statutes.

Declaration

Under penalty of perjury, I declare that I have examined the  
return described above, including any accompanying schedule  
and/or statements, and to the best of my knowledge and  
belief it is true, correct and complete. I understand this  
declaration will become a permanent part of the return.  
Please have an officer sign the declaration below.

*Linda Blynn* *President* *4/28/00*  
-----  
Signature (officer) Title Date

If applicable, please attach the information requested to this letter  
and return within 30 days to: Department of Revenue, Review and Math  
Audit, 5050 W. Tennessee St., Tallahassee, Florida 32399-0100. If we  
may be of further assistance please contact this office at  
(850) 488-9416.

*Lita Munkin, V.P.* *4/28/00*

*I had Lita sign too. I've signed it  
before & sent it in to you. Sorry you didn't  
get it.*

*Thanks,  
Linda Blynn*