

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
 02-29-2000 90168 023 ***150.00

DOCUMENT # P99000049640

1. Entity Name
RENAISSANCE TECHNOLOGY GROUP, INC.

Principal Place of Business **Mailing Address**
 3117 ATWATER DRIVE 3117 ATWATER DRIVE
 ORLANDO FL 32825 ORLANDO FL 32825-7116

2. Principal Place of Business **3. Mailing Address**
 421 BROADWAY AVE. 421 BROADWAY AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE B SUITE B
 City & State City & State
 ORLANDO, FL ORLANDO, FL
 Zip Zip Country Country
 32803 32803 USA USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
 59-3580464 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**
 TURMAN, SCOTT Name **SCOTT TURMAN**
 3117 ATWATER DRIVE Street Address (P.O. Box Number is Not Acceptable)
 ORLANDO FL 32825 421 BROADWAY AVE
 SUITE B
 City **ORLANDO** **FL** Zip Code **32803**

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 Scott Turman DATE 2/14/00
Signature, 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. ☐ **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, BYRON		NAME	BYRON SIERRA	
STREET ADDRESS	3117 ATWATER DR.		STREET ADDRESS	421 BROADWAY AVE STE. B	
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP	ORLANDO, FL. 32803	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURMAN, ARTHUR S		NAME		
STREET ADDRESS	30 JAMES AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		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		
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		

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: Byron Sierra, President 2/14/00 407.650.9142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)