

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053162

1. Entity Name

OUTRIDER FOUR INVESTMENTS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90049 006 ***150.00

Principal Place of Business

201 S ORANGE AVE. SUITE 105
ORLANDO FL 32801

Mailing Address

201 S ORANGE AVE. SUITE 105
ORLANDO FL 32801-3416

2. Principal Place of Business

485 KELLER ROAD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 145

City & State

MAITLAND FL

City & State

Zip

32751

Country

ORANGE

Zip

Country

4. FEI Number

59-3581307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOOTE, DAVID H
121 N JAMES AVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

~~LANNY L GREENE~~ LANNY L GREENE

Street Address (P.O. Box Number is Not Acceptable)

485 KELLER ROAD Suite #145

City

~~ORLANDO~~ MAITLAND

FL

Zip Code

32751

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. ☐

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 ☐ Delete
NAME GREENE, LANNY L
STREET ADDRESS 145 LONGWOOD MARKHAM RD
CITY-ST-ZIP SANFORD FL 32771

TITLE D ☒ Delete
NAME FOOTE, DAVID H
STREET ADDRESS 121 N JAMES AVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)