

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90393 016 ***150.00

DOCUMENT # P99000053162

1. Entity Name

OUTRIDER FOUR INVESTMENTS, INC.

Principal Place of Business

**485 PALLER ROAD
 SUITE 145
 MAITLAND FL 32751**

Mailing Address

**201 S ORANGE AVE, SUITE 105
 ORLANDO FL 32801**

2. Principal Place of Business

CHOICES CAFE

3. Mailing Address

Suite, Apt. #, etc.

485 KELLER ROAD #145

Suite, Apt. #, etc.

City & State

MAITLAND FL

City & State

Zip

32751

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

**GREEN, LANNY L
 485 KELLER ROAD SUITE 145
 MAITLAND FL 32751**

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

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Lanny L Green
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01
 Date

407 834 2007
 Daytime Phone #

CR2E034 (10/00)