

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000066686**

1. Entity Name  
**RUBY MANAGEMENT, INC.**

Principal Place of Business 425 S. ATLANTIC AVE NEW SMYRNA BEACH FL 32169	Mailing Address P.O. BOX 824 NEW SMYRNA BEACH FL 321700824
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-3590061</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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**

RUBY DONNA F  
 425 S. ATLANTIC AVE  
 NEW SMYRNA BEACH FL 32169

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 **DONNA RUBY**

**05/01/2000**

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, 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 type="checkbox"/> Delete		TITLE	DS/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBY EDWARD G			NAME	RUBY EDWARD G		
STREET ADDRESS	1210 S. RIVERSIDE DR			STREET ADDRESS	1210 S. RIVERSIDE DR		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168			CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		
TITLE	D	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBY DONNA F			NAME	RUBY DONNA F		
STREET ADDRESS	1210 S. RIVERSIDE DR			STREET ADDRESS	1210 S. RIVERSIDE DR		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168			CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		
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: Donna Ruby

05/01/2000