

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000086112

1. Entity Name

LAW OFFICES OF RONALD T. RIDER, P.A.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90221 049 \*\*\*163.75

Principal Place of Business

Mailing Address

665 32 AVE SW  
 VERO BEACH FL 32968

665 32 AVE SW  
 VERO BEACH FL 32968-4138

2. Principal Place of Business

3. Mailing Address

200 S. INDIAN RIVER DR

P.O. BOX 519

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 320

City & State

City & State

FT. PIERCE, FL

VERO BEACH, FL

Zip

Country

Zip

Country

34950

U.S.A.

32961

U.S.A.

4. FEI Number

65-0951631

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLATER, ROBERT W  
 214 BRAZILIAN AVE STE 221  
 PALM BEACH FL 33480

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)

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**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.

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\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIDER, RONALD T</b> <b>665 32 AVE SW</b> <b>VERO BEACH FL 32968</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**RONALD T. RIDER** (0)  
 (0)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-2000 (561) 469-9995