

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90484 044 ***150.00

DOCUMENT # P99000097213

1. Entity Name

RYAN BROTHERS PROPERTIES, INC.

Principal Place of Business

Mailing Address

10310 S. OCEAN DRIVE #306
JENSEN BEACH FL 34957

10310 S. OCEAN DRIVE #306
JENSEN BEACH FL 34957-2510

2. Principal Place of Business

3. Mailing Address

3181 SE SLATER ST.

3181 SE SLATER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL.

City & State

STUART, FL

Zip

34997

Country

USA

Zip

34997

Country

U.S.A.

4. FEI Number

65-0959462

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

F. JAY RYAN, III
10310 S. OCEAN DRIVE #306
JENSEN BEACH FL 34957

Name

F. Jay Ryan, III

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

3181 S.E. SLATER ST.

City

STUART,

FL

Zip Code

34997

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, 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 ☐ Delete
NAME **D**
STREET ADDRESS **F. JAY RYAN, III**
CITY-ST-ZIP **10310 S. OCEAN DRIVE #306**
JENSEN BEACH FL 34957

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RYAN, MARC C**
CITY-ST-ZIP **10044 S. OCEAN DRIVE #605**
JENSEN BEACH FL 34957

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-15-00 561 283-6111