

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098127

1. Entity Name  
RITTER'S ORCHIDS, INC.

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90150 038 \*\*\*150.00

Principal Place of Business  
4001 FORRESTAL AVE.  
ORLANDO FL 32806

Mailing Address  
4001 FORRESTAL AVE.  
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3612464

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

RITTER, THOMAS R  
4001 FORRESTAL AVE.  
ORLANDO FL 32806

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
RITTER, THOMAS R  
4001 FORRESTAL AVE.  
ORLANDO FL 32806 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Thomas R Ritter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-12-00

Daytime Phone #

407-855-8809

CREC04 11/00

Attachment  
P99000098127

0073013

Ritter Orchids

4001 Forrestal Ave  
Orlando FL 32806

July 12, 2000

Fla Dept of State  
PO Box 1500  
Tallahassee FL 32302

Dear Sirs-

I have enclosed the Annual Report for 2000 and my check in the amount of \$150.00. My attorney set up the Corporation in November but I never received an Annual Report this year. I spoke with Jane of your office and she stated I needed to pay the \$150.00 renewal fee to keep the Corporation active.

If you have any questions please advise

Sincerely,

James Ritter