

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59855

1. Entity Name

RYDER TELESERVICES, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90024 047 \*\*\*150.00

Principal Place of Business

4691 N UNIVERSITY DR  
STE 435  
CORAL SPRINGS FL 33067  
US

Mailing Address

4691 N UNIVERSITY DR  
STE 435  
CORAL SPRINGS FL 33067-4620  
US

2. Principal Place of Business

4630 No. University Dr.  
Suite, Apt. #, etc.  
211

3. Mailing Address

4630 No. University Dr.  
Suite, Apt. #, etc.  
211

City & State

Coral Springs, FL  
Zip  
33067 Country

City & State

Coral Springs, FL  
Zip  
33067 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0266788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RYDER, DAVID  
4691 N UNIVERSITY DR  
STE 435  
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

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

4630 No. University Dr. #211  
City Coral Springs FL Zip Code 33067

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RYDER, DAVID	
STREET ADDRESS	4691 N UNIVERSITY DR STE 435	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Ryder	
STREET ADDRESS	4630 No. University Dr. #211	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David Ryder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2000

Date

Daytime Phone #