

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

C-1112

**DOCUMENT # 701785**

1. Entity Name

**RIVIERA BAY CIVIC ASSOCIATION, INC.**

04-23-2001 90134 038 \*\*\*\*61.25

Principal Place of Business 9795 1ST NE ST. PETERSBURG FL 33702 US	Mailing Address 9795 1ST NE ST. PETERSBURG FL 33702 US
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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>59-2742119</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**RABUN, R. SCOTT**  
**101 87TH AVE N**  
**ST. PETERSBURG FL 33702**

7. Name and Address of New Registered Agent

Name **DONNA HOOVER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**163 87TH AVE N.**  
 City **ST. PETERSBURG** FL Zip Code **33702**

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 Hoover* *DONNA HOOVER* *4/16/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD PRESIDENT</b> <b>NEWCOMB, MADELINE</b> <b>9795 1ST N.E.</b> <b>ST. PETERSBURG FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RABUN, SCOTT</b> <b>101 87TH AVE N</b> <b>ST PETE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RABUN, AMU</b> <b>101 87TH AVE N.</b> <b>ST PETE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KILLEN, C.W.</b> <b>9667 TREASURE LANE N.E</b> <b>ST. PETERSBURG FL 33702</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>HOOVER, DONNA</b> <b>163 87TH AVE H</b> <b>SAINT PETERSBURG FL 33702</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEWCOMB, RICHARD</b> <b>9795 1ST ST NE</b> <b>ST PETE FL</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>KIMBERLY SANDER</b> <b>310 FREEPORT AVE N.E</b> <b>ST. PETERSBURG, FL 33702</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Hoover* **SIGNATURE REQUIRED** *4/16/01* *727-579-3644*  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CP2E037 (10/00)