## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 723332** 1. Entity Name • RIVER OAKS APARTMENTS CONDOMINIUM OWNERS' ASSOCI 01-29-2001 90146 044 \*\*\*\*61.25 Principal Place of Business Mailing Address OWNERS ASSOCIATION INC 1600 1ST AVE W **BRADENTON FL 34205-6818** 1600 1ST AVENUE WEST **BRADENTON FL 34205-6836** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1472359 Not Applicable Country\_ Country Zip \$8.75 Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BERKER & POLIAKOFF, P.A. 630 ORANGE AVE. SARASOTA FL 34236 Zip Code FL 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) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, 1600 13T Ave. W Change DYF TITLE TITLE □ Delete WILLIAMS, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1600 1ST AVE WEST BRADENTON, FL 3/205 CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP Pracy EATON, D.R. 1650/ IST AVE. W Addition TITLE Delete TITLE CLARKE, CAROL NAME NAME 1650\_1ST\_AVE.W\_\_ STREET ADDRESS STREET ADDRESS BRADENTON, 16 5/206 --CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP PON GLENNEY, Pin. - Change 1600 15 Aut. W Delete Addition TITLE TITLE SLEGERS, JAMES NAME NAME STREET ADDRESS 1600 1ST AVE W STREET ADDRESS BRADENTON, FL 3/205 CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE KENNEDY, CHRISTINE NAME STREET ADDRESS 1600 1ST AVE.W. STREET ADDRESS CITY-\$T-ZIP **BRADENTON FL** CITY-ST-ZIP DA PRES. ☐ Delete Change Addition ABBEY, DON NAME NAME STREET ADDRESS 1650 1ST AVE W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.

CITY-ST-ZIP

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #