2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all otherlike empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Jan 21, 2000 8:00 am Secretary of State **DOCUMENT # 734478** 1. Entity Name RIVER ISLES GOLF ASSOCIATION, INCORPORATED 01-21-2000 90099 037 ****61.25 Principal Place of Business Mailing Address 3917 RIVER WALK COURT 159 RIVER ISLES BRADENTON FL 34208 BRADENTON FL 34208-9006 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1665094 RAINENION Not Applicable Country Zip Country \$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) RICHARDS, WILLIAM J 289 RIVER ISLES 1501 N. KNOLLWOOD DRIVE Zip Code City **BRADENTON FL 34208** 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 DATE 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. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change HOLLINGSWORTH, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 4209 LAKEWOOD AVE. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** VP D **VPD** Change Ch ☐ Addition 🗷 Delete TITLE TITLE SIECINSKI, MATT NAME NAME MITCHELL, ALAN 1314 OAKLEAF CT. STREET ADDRESS STREET ADDRESS 1502 N. KNOLLWOOD DR. CITY-ST-ZIP BRADENTON, FI .- 34208-CITY-ST-ZIP **BRADENTON FL 34208** VPD Addition **VPD** M Change Delete TITLE KIRK, HARRY R. CHAMBERS, JOHN F NAME NAME 1207 OAKLEAF BLUD. STREET ADDRESS STREET ADDRESS 4304 TEAKWOOD CIR. CITY-ST-ZIP BRADENTON, FI 34208 CITY-ST-ZIP **BRADENTON FL 34208** Change ☐ Addition ■ Delete TITLE TITLE albright, marjorie MOSS, KATHLEEN NAME NAME 1313 BOTTLEBRUSH DR. STREET ADDRESS 4310 LAKEWOOD AVE. STREET ADDRESS BRADENTON, F1. 34208 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Delete TITL F Change ☐ Addition TITLE RICHARDS, WILLIAM J NAME NAME 1501 N. KNOLLWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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