FILED

CR2E037

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jan 16, 2001 8:00 am DOCUMENT # 734478 Secretary of State 1. Entity Name 01-16-2001 90049 047 ****61.25 RIVER ISLES GOLF ASSOCIATION, INCORPORATED Mailing Address Principal Place of Business 1014 BAY TREE RD 159 RIVER ISLES **BRADENTON FL 34208 BRADENTON FL 34208** 601654 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1665094 Not Applicable \$8.75 Additional Country Zio 5. Certificate of Status Desired Fee Required -7.-Name and Address of New Registered Agent 6. Name and Address of Current 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition PD TITLE ☐ Delete TITLE HOLLINGSWORTH, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 4209 LAKEWOOD AVE. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** (X) Change ☐ Addition VPD TITLE Delete VPD TITLE JOHNSON, RALPH 706 BUTTON WOOD BRIVE SIDCHINSKI, MATT NAME NAME STREET ADDRESS STREET ADDRESS 1314 OAK LEAF CT CITY-ST-ZIP = BRADENTON- F-1--34208 CITY-ST-ZIP BRADENTON FL 34208 ☐ Addition VPD Change **VPD** Delete TITLE TITLE KITCHEN, BERYL 4106 LAKEWOOD AVE. NAME KIRK, HARRY NAME STREET ADDRESS STREET ADDRESS 1207 OAK LEAF BLVD BRADENTON, F1. 34208 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** Change Addition Delete TITLE TITLE BROOKS, MARY ANN 4309 LEMONWOOD CIR NAME MOSS, KATHLEEN NAME STREET ADDRESS STREET ADDRESS 1313 BOTTLE BRUSH DR BRADENTON. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** Change ☐ Addition ☐ Delete TITLE TITLE NAME RICHARDS, WILLIAM J 1501 N. KNOLLWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Addition Change ☐ Delete TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS 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 regort 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.