

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90052 012 ****61.25

DOCUMENT # 764589

1. Entity Name

RIVER OAKS CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7001 TEMPLE TERR HWY
 TEMPLE TERRACE FL 33637
 US

7001 TEMPLE TERR HWY
 TEMPLE TERRACE FL 33637-5734
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2232560

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LERNER, PATRICIA L

~~606 MADISON~~
~~STE 2001~~
~~TAMPA FL 33602~~

Name

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

420 West Platt Street

City **TAMPA**

FL Zip Code **33606**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD ESSEN MACHER, RONALD**
 STREET ADDRESS **4993 PURITAN CIR**
 CITY-ST-ZIP **TEMPLE TERR, FL 00000**

TITLE Change Addition

TITLE Delete
 NAME **D MIYARES, JOY**
 STREET ADDRESS **4959 PURITAN CIRCLE**
 CITY-ST-ZIP **TAMPA, FL 33617**

TITLE Change Addition
 NAME **D STATZ, DENNIS**
 STREET ADDRESS **410 Druid Hills Rd**
 CITY-ST-ZIP **Temple Terrace, FL-33617**

TITLE Delete
 NAME **T LEACH, LEWIS**
 STREET ADDRESS **3908 VERSAILLES AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition

TITLE Delete
 NAME **D SHIELDS, HUGH**
 STREET ADDRESS **1632 SEABREEZE DR.**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE Change Addition
 NAME **D/P**

TITLE Delete
 NAME **SD SMITH, HUBERT**
 STREET ADDRESS **13620 LAKE MAGDALENE BLVD., #412**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 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 filers empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Hubert R. Smith**

Date **1-17-2000** 815-980-1000

Daytime Phone #