

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90102 005 \*\*\*150.00

**DOCUMENT # J38819**

1. Entity Name

**RIVERSIDE FINANCIAL SERVICES, INC.**

Principal Place of Business

Mailing Address

43309 US HWY 19 N  
 TARPON SPGS. FL 34689  
 US

P O BOX 1608  
 TARPON SPGS. FL 34688-1608  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2728356**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**FRIEDLAND, LEWIS**  
**43309 US HWY 19 N**  
**TARPON SPRINGS FL 34689**

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

City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/> Delete	<b>D</b> <b>TAYLOR, JOYCE</b>	<b>43309 US HWY 19 N</b>	<b>TARPON SPRINGS FL</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Delete	<b>DP</b> <b>FRIEDLAND, LEWIS</b>	<b>43309 US HWY 19 N</b>	<b>TARPON SPGS FL</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	<b>V</b> <b>PHILLIPS, KAY</b>	<b>1545 RAYMOND DIEHL RD</b>	<b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	<b>VSTD</b> <b>FORD, DAVID</b>	<b>43309 US HIGHWAY 19 N</b>	<b>TARPON SPGS FL</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change	<b>V</b> <b>ROGERS, SAMUEL SR.</b>	<b>1545 RAYMOND DIEHL RD</b>	<b>TALLAHASSEE FL</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LEW FRIEDLAND** 1/24/00 727-942-2591  
 Date Daytime Phone #