

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90197 036 \*\*\*150.00

**DOCUMENT # L62890**

**1. Entity Name**  
**RIVIERA ISLAND CORPORATION**

**Principal Place of Business**

**131 SEASIDE AVENUE  
 KEY LARGO FL 33037**

**Mailing Address**

**% C. OSMENT MOODY  
 P.O. DRAWER 1407  
 TAVERNIER FL 33070  
 US**

**80073554**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**65-0296792**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**MOODY, C. OSMENT  
 131 SEASIDE AVENUE  
 KEY LARGO FL 33037**

**7. Name and Address of New Registered Agent**

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, 2002 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**

**TITLE DP** ☐ Delete  
**NAME MOODY, C. OSMENT**  
**STREET ADDRESS 131 SEASIDE AVE**  
**CITY-ST-ZIP KEY LARGO FL**

**TITLE DVP** ☐ Delete  
**NAME MOODY, O. THOMAS**  
**STREET ADDRESS 3301 W. 151ST COURT**  
**CITY-ST-ZIP BROOMFIELD CO 80020**

**TITLE DST** ☐ Delete  
**NAME MOODY, B. ISABELLE**  
**STREET ADDRESS 131 SEASIDE AVE**  
**CITY-ST-ZIP KEY LARGO FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Isabelle B. Moody* **Isabelle B. Moody** **4/10/02** **(305) 852-5787**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)