

2001 UNIFORM BUSINESS REPORT (UBR)

4/24

FILED
May 17, 2001 8:00 am
Secretary of State

04-24-2001 90287 037 ***150.00

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1. Entity Name

RIVERSIDE ESTATES PROPERTY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6915 S.R. 54
 NEW PORT RICHEY FL 34653

6915 S.R. 54
 NEW PORT RICHEY FL 34653

- 44312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3686731

Applied For

Not Applicable

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

BLACKWELL, GARY L
6915 S.R. 54
NEW PORT RICHEY FL 34653

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	BLACKWELL, TRACEY	5013 GENESIS AVENUE	HOLIDAY FL 34690	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	OLSON, JACQUELINE L	POST OFFICE BOX 1971	NEW PORT RICHEY, FL 34656	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	BLACKWELL, GARY L II	5720 CHIPPER DRIVE	NEW PORT RICHEY FL 34652	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	BLACKWELL, GARY L	6915 S.R. 54	NEW PORT RICHEY FL 34653	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 like empowered.

SIGNATURE: GARY L BLACKWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 727-842-2571
Date Daytime Phone #

CR2E037 (10/00)