

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90071 041 \*\*\*\*61.25

DOCUMENT # **N00000003733**

1. Entity Name

**RIVERSIDE ESTATES PROPERTY ASSOCIATION, INC.**

Principal Place of Business

6915 S.R. 54  
 NEW PORT RICHEY FL 34653

Mailing Address

6915 S.R. 54  
 NEW PORT RICHEY FL 34653

2. Principal Place of Business

Suite, Apt., #, etc.

3. Mailing Address

Suite, Apt., #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

**59-3686731**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**BLACKWELL, GARY L**

**6915 S.R. 54**

**NEW PORT RICHEY FL 34653**

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.

*Mario A. Iezzoni* **MARIO A. IEZZONI** 8-7-02

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b>	<b>President</b> <b>Howard Great Chiffon</b> <b>6165 R. Kress Ave</b> <b>New Port Richey, FL 34655</b>	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b>	<b>TREASURER</b> <b>MARIO A. IEZZONI</b> <b>6255 ROCKROS AVE.</b> <b>NEW PORT RICHEY, FL 34655</b>	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b>	<b>SECRETARY</b> <b>Beth Seletos</b> <b>3843 Shipston Ave</b> <b>NEW PORT RICHEY, FL 34655</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:

**SIGNATURE REQUIRED**

*Mario A. Iezzoni* **6-23-02**

**727-967-7009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

37242



DO NOT WRITE IN THIS SPACE

CR2007 (9/01)