2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State
03-04-2002 90027 030 ****61.25

DOCUMENT # N00000005669

1. Entity Name

RIVERSIDE CENTER, INC.

Principal Place of Business	Mailing Address
940 TARPON ST FT MYERS FL 33916	PO DRAWER 6097 FORT MYERS FL 33911-6097

506571

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8660 DANIELS PARKWAY Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL 33912	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1081097 ☐ Applied For ☐ Not Applicable

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
DAVIES, CHRISTOPHER N ESQ 12601 WORLD PLAZA LANE, SUITE 2 FT MYERS FL 33907	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

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	PD CHAPMAN, BRIAN G 6126 DEER RUN SW FT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HENNING, CHRISTIAN 4951 TAMIAMI TRAIL N, SUITE 3 NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JACOBS, RICHARD 2272 CHANDLER AVE FT MYERS FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Richard Jacobs (RICHARD JACOBS) 2/14/02 941.689.9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #