# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 17, 2003 8:00 am**
**Secretary of State**
03-17-2003 90460 049 ****61.25

DOCUMENT # N00000005669

1. Entity Name
RIVERSIDE CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8660 DANIELS PARKWAY<br>FORT MYERS FL 33912<br>US | PO DRAWER 6097<br>FORT MYERS FL 33911-6097<br>US |

☒ CHECK HERE IF MAKING CHANGES

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

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**

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

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CHAPMAN, BRIAN G<br>6126 DEER RUN SW<br>FT MYERS FL 33908 | ☒ Delete | PD<br>ROGERS, CARL<br>15198 SAM SNEAD LN<br>N FORT MYERS 33917 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>HENNING, CHRISTIAN<br>4951 TAMIAMI TRAIL N, SUITE 3<br>NAPLES FL 34103 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>JACOBS, RICHARD<br>2272 CHANDLER AVE<br>FT MYERS FL 33907 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | VD<br>SHERMAN, MICHAEL<br>8911 DANIELS PARKWAY<br>FORT MYERS FL 33912 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 3/10/03 239-689-9000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE DAYTIME TELEPHONE NUMBER