

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90250 016 ****61.25

0013293

DOCUMENT # N00000005747

1. Entity Name

RIVERVIEW CORPORATE CENTER OWNERS ASSOCIATION, I

Principal Place of Business

**3521 BONITA BAY BLVD
 BONITA SPRINGS FL 34134**

Mailing Address

**3521 BONITA BAY BLVD
 BONITA SPRINGS FL 34134**

2. Principal Place of Business

27300 RIVERVIEW CTR BLVD

3. Mailing Address

27300 RIVERVIEW CTR BLVD.

Apt. #, etc.

201

Apt. #, etc.

201

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number

59-3673648

Applied For

Not Applicable

Zip **34134**

Country **USA**

Zip **34134**

Country **USA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PRICE, R. SCOTT
 2640 GOLDEN GATE PKWY, STE 115
 NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name **R. SCOTT PRICE, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable) **821 FIFTH AVE SO. SUITE 201**
 City **NAPLES** FL Zip Code **34102**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGARVEY, JOHN S 3521 BONITA BAY BLVD BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRICE, WILLIAM G JR 3521 BONITA BAY BLVD BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCGARVEY, JOANNE H 3521 BONITA BAY BLVD BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN S. MCGARVEY 27300 RIVERVIEW CTR. BLVD. BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM G. PRICE, JR 27300 RIVERVIEW CTR. BLVD. BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOANNE H. MCGARVEY 27300 RIVERVIEW CTR. BLVD. BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

941-992-8940

Daytime Phone #

CR2E037 (10/00)