2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

\mathtt{FILED} **DOCUMENT # N09660** May 10, 2000 8:00 am Secretary of State 1. Entity Name RIVER OAKS CIVIC ASSOCIATION, INC. 05-10-2000 90103 050 ****61.25 Principal Place of Business Mailing Address 1005 STATE RD 84 1005 STATE RD. 84 P.O. BOX 109 P O BOX 109 FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315-2433 2. Principal Place of Business 3. Mailing Address 1005 State Road 84 1005 State Road 84 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PMB PMB 109 City & State City & State 4. FEI Number Applied For 59-2632121 For t Lauderdale Lauderdale Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33315-243 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) EGUES. JORGE 2941 HIDDEN HOLLOW LIN DAVIE FL 33328 33315 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Kelly Manning NAME NAME EGUES, JORGE 2213 S.W. 19th Ave STREET ADDRESS STREET ADDRESS 2941 HIDDEN HOLLOW LN Fort Lauderdale, FL CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 \overline{VD} Delete TITLE Change ☐ Addition TITLE NAME Par Rupprecht NAME KEMP, GARY 1835 S.W. 12th Ave STREET ADDRESS STREET ADDRESS 924 ORANGE ISLE CITY-ST-ZIP CITY-ST-ZIP Forr Lauderdale, FL 33315 FT. LAUDERDALE FL 33315 Delete TITLE SD STève RUPPTECHT NAME NAME RUPPRECHT PAT 1835 S.W. 1274 AVE STREET ADDRESS STREET ADDRESS 1835 S.W. 12TH AVE Lauderdale. CITY-ST-ZIP CITY-ST-ZIP FL 33315 FT. LAUDERDALE FL 33315 ☐ Delete Change Addition TITLE TITLE TD NAME NAME BYK, DENNIS STREET ADDRESS STREET ADDRESS 934 SW 18TH CT CITY-ST-ZIP CITY-ST-ZIP FT LAUDEERDALE FL 33315 ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.