

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90013 046 \*\*\*\*61.25

**DOCUMENT # N13776**

1. Entity Name

**RIVER GROVE ESTATES, INC.**

Principal Place of Business

Mailing Address

3135 RIVER GROVE CIRCLE  
 FT. MYERS FL 33905  
 US

3135 RIVER GROVE CIRCLE  
 FT. MYERS FL 33905-6203  
 US

2. Principal Place of Business

3. Mailing Address

~~3200 River Grove Circle~~  
 Suite, Apt. #, etc.

~~3200 River Grove Circle~~  
 Suite, Apt. #, etc.

City & State

~~FL~~

City & State

~~FL~~

Zip ~~33905~~

Country ~~USA~~

Zip ~~33905~~

Country ~~USA~~



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

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

**HOWELL, JILL**  
**3135 RIVER GROVE CIRCLE**  
**FT MYERS FL 33905**

Name **Taylor, Tina**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3200 River Grove Circle**  
 City **Ft Myers** **FL** Zip Code **33905**

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

*Jill Howell*

*Tina D. Taylor*

*5/1/00*

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	PD	<input type="checkbox"/> Delete
NAME	STEVENS, HAROLD	
STREET ADDRESS	3131 RIVER GROVE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOWELL, JILL	
STREET ADDRESS	3135 RIVER GROVE CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLAY, SARAH	
STREET ADDRESS	3140 RIVER GROVE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, Tina
STREET ADDRESS	3200 River Grove Circle
CITY-ST-ZIP	Ft Myers, FL 33905
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/99)

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**

*Tina D. Taylor* 5/1/00 941-624-9664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #