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

DOCUMENT # N13776

1. Entity Nan RIVER GF	ROVE ESTATES, INC.				04-28-2003 90510 037	****61	.25	
·	ce of Business ROVE CIRCLE 233905	Mailing Address 3200 RIVER GROVE CIRC FT. MYERS FL 33905 US	O RIVER GROVE CIRCLE					
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip Country		Zip	Country	5. Certificate of Sta	tus Desired	.75 Add		
	6. Name and Address of Current I	Registered Agent	130.2		ess of New Registered Age			
****		logistates Agent	Name					
TAYLOR, TINA 3200 RIVER GROVE CIRCLE FT MYERS FL 33905			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
I I WILL	10 I L 30900							
			City		FL	Zip Code)	
GIGNATURE .	Signature, typed or printed name of registered agent a	9. Election C	DTE: Registered Agent signature of the s	\$5.00 May Be	Make Check P Florida Departme			
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIREC	TORS IN	10	
ITLE IAME STREET ADDRESS	PD TAYLOR, GARY 3200 RIVER GROVE CIRCLE	☐ Delete	TITLE NAME STREET ADDRESS	ADDITIONO (STANGE		Change	Addition	
ITLE IAME ITREET ADDRESS	FT. MYERS FL 33905 VD COSS, ROBERT 3200 RIVER GROVE CIRCLE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	FT. MYERS FL 33905 TD TAYLOR, TINA 3200 RIVER GROVE CIRCLE FT. MYERS FL 33905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	SD PADGETT, KATHLEEN 3153 RIVER GROVE CIRCLE FT. MYERS FL 33905	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP			Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Change	☐ Addition	
ITLE AME		☐ Delete	TITLE			Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \(\)

STREET ADDRESS

FILED Apr 28, 2003 8:00 am Secretary of State