## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 18, 2001 8:00 am Secretary of State **DOCUMENT # .N23128** 1. Entity Name 05-18-2001 90004 017 \*\*\*\*61.25 RIVERSIDE VILLAGE ASSOCIATION, INC. Principal Place of Business Mailing Address 9444 US HWY 1 RIVERSIDE VILLAGE ASSOC INC SEBASTIAN FL 32958 SEBASTIAN FL 32958 us 3. Mailing Address 2. Principal Place of Business 9412 US HWY Riverside Village ASSOC Fre Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE ayou us Hi City & State City & State 4. FEI Number Applied For 59-2938178 SE BASTIAL Not Applicable se bastian Country Country Zip. **\$8.75** Additional 5. Certificate of Status Desired INDIAN RIVER 329*69*3 Indian River 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ODV S. MANNIN Street Address (P.O. Box Number is Not Acceptable) GRAY, LEWIS E 9444 U.S. HWY 1 SEBASTIAN FL 32958 City EBASTIAN amed entity symmistris statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida MANNING PRES. 4-27-01 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Change ☐ Addition CR2E037 (10/00) TITLE ☐ Delete TITLE chase William J. CHASE, WILLIAM J. NAME NAME 9400 05 Hwy 1 STREET ADDRESS STREET ADDRESS 9400 US HWY 1 CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL <u>Sebastian, FC 32958</u> Delete Change TITLE TITLE -Addition MELODY S. MANNING AHAMEMAN, THEODORE NAME NAME 94.12 US HWY1 STREET ADDRESS 9442 US #1 STREET ADDRESS Sebastian, Fc 32958 CITY-ST-ZIP SEBASTIAN FL CITY-ST-ZIP Delete SDT \_\_ Addition TITLE TITLE watson, Wenize GRAY, LEWIS E NAME NAME 9438 081 STREET ADDRESS STREET ADDRESS 9444 US HWY 1 Sebastian FL 32959 CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL VP/D Addition TITLE ☐ Delete TITLE Change TOWARD DAVIS NAME NAME 400 4.5.1 STREET ADDRESS STREET ADDRESS SEBASTIAN, FL 32958 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME Kathleen HobAN STREET ADDRESS STREET ADDRESS 9414 U.S.I SEBAST:AN CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 reserver 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 arganiment with an address with all other like empowered.

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