

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90133 011 ****61.25

DOCUMENT # N93000005127

1. Entity Name

LE RIVAGE ASSOCIATION, INC.

H0054790



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4351 GULF SHORE BLVD. N NAPLES FL 34103 US	Mailing Address 4351 GULF SHORE BLVD. N NAPLES FL 34103 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0482036	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FREY, EUGENE U
4351 GULF SHORE BLVD. N
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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	D STRIANO, PETER 4351 GULF SHORE BLVD. N NAPLES FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHOSRON, MOAVENI 4351 GULF SHORE BLVD. N NAPLES FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREY, EUGENE 4351 GULF SHORE BLVD. N NAPLES FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, HANS 4351 GULF SHORE BLVD. N NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVY, HANS 4351 GULF SHORE BLVD. N NAPLES FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARLOW, JOHN 4351 GULF SHORE BLVD. N NAPLES FL 34103	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S William Reiling 4351 Gulf Shore Blvd N Naples FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRIANO, PETER 4351 GULF SHORE BLVD. N NAPLES FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frey, Eugene 4351 Gulf Shore Blvd N Naples FL 34103	<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	PIT BARLOW, JOHN 4351 GULF SHORE BLVD. N NAPLES FL 34103	<input checked="" 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: **X** **SIGNATURE REQUIRED** **Frey** **4-30-01** **X** **941-435-1437**

CR2E037 (10/00)