

2002 UNIFORM BUSINESS REPORT (UBR)

4/1/

FILED
May 12, 2002 8:00 am
Secretary of State

04-01-2002 90671 011 ****61.25

DOCUMENT # N93000005127

1. Entity Name

LE RIVAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4351 GULF SHORE BLVD. N
 NAPLES FL 34103

4351 GULF SHORE BLVD. N
 NAPLES FL 34103
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0482036

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reiling, William	
STREET ADDRESS	4351 Gulf Shore Blvd N	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart, S. Jay D	
STREET ADDRESS	4351 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frey, Eugene	
STREET ADDRESS	4351 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, E. Michael	
STREET ADDRESS	4351 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barlow, John	
STREET ADDRESS	4351 Gulf Shore Blvd N.	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Will Kirby

3/22/02 941
 263 1615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)