1/16/

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 08, 2001 8:00 am Secretary of State DOCUMENT # N9500003066 THE RIVERS BOAT BASIN PROPERTY OWNERS ASSOCIATIO 01-16-2001 90040 033 ****61.25 Principal Place of Business Mailing Address 1417 SE 47TH STREET 1417 SE 47TH STREET CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0652219 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -- 🔲 _ 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent KIRBY, LARRY 1417 SE 47TH STREET CAPE CORAL FL 33904 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. Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$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. Addition Change ☐ Delete TITLE KIRBY, LYNN A NAME NAME STREET ADDRESS STREET ADDRESS 1417 SE 47TH STREET CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 マシロ ☐ Change □ Délete TITLE TITLE KIRBY, DARRY NAME NAME BRIAN R. KIRFY 1417 SE 4771 STREET STREET ADDRESS STREET ADDRESS 14175247467 CAPE CORAL FL 39904 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE NAGLE, VRENE NAME NAME STREET ADDRESS 4015-8E 20TH PL STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CULY-ST-ZIP DIRECTOR Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-7IP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.