

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90066 031 ****61.25

DOCUMENT # N95000003066

1. Entity Name

**THE RIVERS BOAT BASIN PROPERTY OWNERS ASSOCIATIO
N, INC.**

Principal Place of Business

Mailing Address

**1417 SE 47TH STREET
CAPE CORAL FL 33904**

**1417 SE 47TH STREET
CAPE CORAL FL 33904**

2. Principal Place of Business

1406 SE 46TH LANE

3. Mailing Address

1406 SE 46TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 4

UNIT 4

City & State

City & State

CAPE CORAL, FL

CAPE CORAL, FL

Zip

Country

Zip

Country

33904 USA

33904 USA

4. FEI Number

65-0652219

Applied For

Not Applicable

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

LYNN, KIRBY

**1417 SE 47TH STREET
CAPE CORAL FL 33904**

**1406 SE 46TH LANE
4**

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	PD	<input type="checkbox"/> Delete
NAME	KIRBY, LYNN A	
STREET ADDRESS	1417 SE 47TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRBY, LARRY	
STREET ADDRESS	1417 SE 47TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KIRBY, BRIAN R	
STREET ADDRESS	1417 SE 47TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1406 SE 46TH LANE # 4
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE OF LYNN A KIRBY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2002 941-542-0073

Date

Daytime Phone #

CR2E037 (9/01)