

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90061 012 ****61.25

DOCUMENT # N98000000361

1. Entity Name

RIVER RIDGE COUNTRY CLUB HOMEOWNERS' ASSOCIATION

Principal Place of Business

Mailing Address

**8201 RIVER RIDGE BOULEVARD
 NEW PORT RICHEY FL 34654**

**8201 RIVER RIDGE BOULEVARD
 NEW PORT RICHEY FL 34654-8044**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3488169

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT L. TANKEL, P.A.
 1229 MAIN STREET
 DUNEDIN FL 34698-5333**

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	BOYCE, M D	
STREET ADDRESS	8201 RIVER RIDGE BOULEVARD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REYNOLDS, B J	
STREET ADDRESS	8201 RIVER RIDGE BOULEVARD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PAUL, WILLIAM D II	
STREET ADDRESS	8201 RIVER RIDGE BOULEVARD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: **SECRETARY**

02/01/2000 727-845-5252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)