

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

0090118

**DOCUMENT # N98000000361**

1. Entity Name

**RIVER RIDGE COUNTRY CLUB HOMEOWNERS' ASSOCIATION**

03-28-2001 90192 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

010400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10730 U. S. 19**

3. Mailing Address

**10730 U.S. 19**

Suite, Apt. #, etc.

**Suite 17**

Suite, Apt. #, etc.

**Suite 17**

City & State

**Port Richey, FL**

City & State

**Port Richey, FL**

4. FEI Number

**59-3488169**

Applied For

Not Applicable

Zip

**34668**

Country

**Pasco**

Zip

**34668**

Country

**Pasco**

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

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

Name **Qualified Property Management, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**10730 U. S. 19**

**Suite 17**

City

**Port Richey,**

**FL**

Zip Code

**34668**

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

*Robert Tankel*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/17/01*

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	VDS	<input type="checkbox"/> Delete
NAME	REYNOLDS, B.J.	
STREET ADDRESS	8201 RIVER RIDGE BOULEVARD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMSON, DONA	
STREET ADDRESS	8201 RIVER RIDGE BOULEVARD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-21-01 12846 000*

Date

Daytime Phone #

CP2E037 (10/00)