

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021485

1. Entity Name

4720 RIVERVIEW BOULEVARD CORPORATION



FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90004 027 ***550.00

Principal Place of Business

4720 RIVERVIEW BLVD
BRADENTON FL 34210
US

Mailing Address

P O BOX 420
LONG BOAT KEY FL 34228
US

2. Principal Place of Business

3. Mailing Address

P O Box 265

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LONGBOAT KEY FL

4. FEI Number 65-0395120

Applied For
Not Applicable

Zip

Country

Zip 34228

Country USA

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

CASELLA, ROBERT M
701 HIDEAWAY BAY DR
LONGBOAT KEY FL 34228

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME RAKICKY, ANTON
STREET ADDRESS HRADRE 13
CITY-ST-ZIP 81101 BRATISLAVA, SLOVAKIA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MCMICHAEL, PAIGE
STREET ADDRESS 1432 FIRST STREET, SUITE C
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

08/08/00

Date

941-383-2020

Daytime Phone #

CR2E034 (5/00)