

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90107 039 ***150.00

DOCUMENT # P94000012172

1. Entity Name

RIVERSIDE BUILDERS OF BREVARD, INC.

Principal Place of Business

Mailing Address

105 S RIVERSIDE DRIVE
 SUITE 202
 INDIALANTIC FL 32903

105 S RIVERSIDE DRIVE
 SUITE 202
 INDIALANTIC FL 32903-4366

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3232111

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERRY, ROBERT
105 S RIVERSIDE DRIVE
SUITE 202
INDIALANTIC FL 32903

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, WILLIAM D	NAME	
STREET ADDRESS	300 MELBOURNE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, ROBERT L	NAME	
STREET ADDRESS	1310 MIRAMAR ST.	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALENSKI, RICHARD	NAME	
STREET ADDRESS	1739 MONTEREY DRIVE N.E.	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	DS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, WILLIAM D	NAME	
STREET ADDRESS	300 MELBOURNE AVE.	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	DT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, ROBERT L	NAME	
STREET ADDRESS	290 ALLAN LANE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		

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: 

WILLIAM D. REID 3/31/00 321-722-5776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (9/99)