

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 140838

1. Entity Name  
RIVERVIEW WELFARE ASSOCIATION INC.

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90110 047 \*\*\*550.00

0134400 AT

Principal Place of Business Mailing Address  
3650 EAST 93RD STREET 3650 EAST 93RD STREET  
CLEVELAND OH 44105 CLEVELAND OH 44105

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 59-6070424

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

LEITCH, ROBERT A JR  
14661 LAKE OLIVE DR  
FORT MYERS FL 33919

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 12, 2001 Fee 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 NAME ☐ Delete  
D SUTPHIN, CAL  
STREET ADDRESS 3650 E. 93RD STREET  
CITY-ST-ZIP CLEVELAND OH

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

TITLE NAME ☐ Delete  
PT LEITCH, JAMES  
STREET ADDRESS 3650 E 93 ST  
CITY-ST-ZIP CLEVELAND OH

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

TITLE NAME ☐ Delete  
D LEITCH, F JANE  
STREET ADDRESS 34116 CHAGRIN BLVD, #104  
CITY-ST-ZIP MORELAND, HILLS, OH

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

TITLE NAME ☐ Delete  
S LEITCH, DAN  
STREET ADDRESS 1725 SPERRY FORGE TR.  
CITY-ST-ZIP WESTLAKE OH 44145

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

TITLE NAME ☐ Delete  
D STONEY, ALBERTA  
STREET ADDRESS 3650 E. 93RD STREET  
CITY-ST-ZIP CLEVELAND OH

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 of Robert A. Jr. Leitch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/01

Date

216 271-2300

Daytime Phone #

CR2E034 (5/01)