

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90048 050 \*\*\*150.00

0355990

**DOCUMENT # 203922**

1. Entity Name  
**RIVA CORPORATION**

Principal Place of Business

**2401 VANDERVORT RD  
 LUTZ FL 33549  
 US**

Mailing Address

**2401 VANDERVORT RD  
 LUTZ FL 34649  
 US**

914001

2. Principal Place of Business

**311 Hoffman Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address

**311 Hoffman Blvd**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Tampa FL**

City & State

**Tampa FL**

4. FEI Number **59-6070406**

Applied For  
 Not Applicable

Zip

**33612**

Country

**Hillbom**

Zip

**33612**

Country

**Hillbom**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NORMAN F. KNAPP  
 311 HOFFMAN ROAD  
 TAMPA FL 33612**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2001 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

TITLE ☐ Delete  
 NAME **PD KNAPP, NORMAN F.**  
 STREET ADDRESS **2401 VANDERVORT RD.**  
 CITY-ST-ZIP **LUTZ FL**

TITLE ☐ Delete  
 NAME **DST SMITH, MARY LOWRY**  
 STREET ADDRESS **5020 BAY SHORE BLVD #205**  
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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: **Norman F. Knapp**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-2-01 813 835 0353**  
 Date Daytime Phone #

CR2E034 (10/00)