

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715046

1. Entity Name

THE RIVERSIDE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90017 026 \*\*\*\*61.25

Principal Place of Business 1035 GRANADA AVENUE MERRITT ISLAND FL 32952	Mailing Address 1125 GRANADA AVE MERRITT ISLAND FL 32952-5039
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DO NOT WRITE IN THIS SPACE

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 <b>51-0182710</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**LANSING, JIM**  
**1060 GRANADA AVE**  
**MERRITT ISLAND FL 32952**

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: Jim Lansing **JIM LANSING** President DATE: 4-1-00

Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	TP	<input type="checkbox"/> Delete
NAME	LANSING, JIM	
STREET ADDRESS	1060 GRANADA AVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	OSTARLY, LARRY	
STREET ADDRESS	1040 GRANADA AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REEVES, SUSAN	
STREET ADDRESS	1125 GRANADA AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATEMAN, VICKI	
STREET ADDRESS	1130 GRANADA AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARBER, KAY	
STREET ADDRESS	1115 GRANADA AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, JIM	
STREET ADDRESS	1150 GRANADA AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delia Birnhak	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	85 Carrigan Blvd.	
CITY-ST-ZIP	Merritt Island FL 32952	
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 any other like empowered.

SIGNATURE: Susan E Reeves **Susan E Reeves** DATE: 4-1-00 (321) 784-2192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)