

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729998

1. Entity Name

R.B. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

RIVER BEND RD.
PO BOX 190
WELAKA FL 32193-7190

Mailing Address

RIVER BEND RD.
PO BOX 190
WELAKA FL 32193-7190

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

23-7429472

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, JIMMIE M
130 RIVER BEND PL
WELAKA FL 32193

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 SD
NAME HOLLAND, CHARLES R
STREET ADDRESS P.O. BOX 1012
CITY-ST-ZIP WELAKA FL 32193 ☐ Delete

TITLE TD
NAME HALL, JIMMIE M
STREET ADDRESS 130 RIVER BEND PL
CITY-ST-ZIP WELAKA FL ☐ Delete

TITLE PD
NAME NEWTON, W R
STREET ADDRESS 4651 IRIQUOIS AVE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE M
NAME RIDDERING, LOUISE
STREET ADDRESS P.O. BOX 826
CITY-ST-ZIP WELAKA FL 32193 ☒ Delete

TITLE M
NAME JOHNSON, LESTER L JR
STREET ADDRESS 2252 STATE RD B
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE M
NAME William Austin
STREET ADDRESS P.O. Box 1077
CITY-ST-ZIP WELAKA FL 32193 ☐ Change ☐ Addition

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-01 904 467-2900

Date

Daytime Phone #

CR2E037 (10/00)

0010459

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90054 022 ****61.25



DO NOT WRITE IN THIS SPACE