

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-20-2000 90154 048 ****61.25

DOCUMENT # 733571

1. Entity Name

RIVER RETREATS IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9361
 COUNTRY ROAD 649
 BUSHNELL FL 33513

9361
 COUNTRY ROAD 649
 BUSHNELL FL 33513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-4284104

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER, FRED G
9361 COUNTRY ROAD 649
BUSHNELL FL 33513

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 **FRED G. BECKER**

Fred G. Becker

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HATCHER, JOAN	
STREET ADDRESS	9355 C.R. 647 NORTH	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAYDEN, CHARLOTTE A	
STREET ADDRESS	9355 C.R. 647 NORTH	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIGMAN, LARRY	
STREET ADDRESS	7083 C.R. 657	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REED, MARION	
STREET ADDRESS	9324 CR 657	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAWSON, DELORIS	
STREET ADDRESS	9457 CR 657	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BECKER, CLEO	
STREET ADDRESS	9361 COUNTY ROAD 649	
CITY-ST-ZIP	BUSHNELL FL 33513	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISKEWOLD, R. TED	
STREET ADDRESS	9483 CR 649	
CITY-ST-ZIP	BUSHNELL, FL 33513	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, CLEO	
STREET ADDRESS	9361 CR 649	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, FRED	
STREET ADDRESS	9361 CR 649	
CITY-ST-ZIP	BUSHNELL, FL 33513	

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: **CHARLOTTE A. HAYDEN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlotte A. Hayden 1/14/00
 DATE DAYTIME PHONE # **352-793-8521**

CR2E037 19/99