FILED 2003 NOT-FOR-PROFIT CORPORATION Feb 21, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State **DOCUMENT # 733571** 1. Entity Name 02-21-2003 90134 008 ****61.25 RIVER RETREATS IMPROVEMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 9361 **COUNTRY ROAD 649 COUNTRY ROAD 649** BUSNELL FL 33513 BUSNELL FL 33513 2. Principal Place of Business 7090 CR 3. Mailing Address O BOX Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 27-4284104 Applied For USHNEL Not Applicable \$8.75 Additional U5/A 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LADD, LARRY Street Address (P.O. Box Number is Not Acceptable) 7090 CR 653 **BUSHNELL FL 33513** City 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. | am familiar with, and accept SIGNATI (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE GARY HODGE, PRES. TITLE Delete NAME NAYDEN, CHARLOTTE NAME 7/27 CR653 STREET ADDRESS 9355 CR 447 N STREET ADDRESS BUSHNELL, FL 3466 33513 CITY-ST-7IP **BUSHNELL FL 33513** CITY-ST-ZIP TITLE ☐ Delete TITLE LARRY LADD LADD, LARRY NAME TREASURER STREET ADDRESS PO BOX 467 TREET ADDRESS CITY-ST-ZIP NOBLETON FL 34661-0467 CITY-ST-ZIP PATRICIA HODGE SECRETARY Change Addition 7127 CR 453 TID F- --=> GEBELI, DUANE NAME STREET ADDRESS 9461 CR 657 STREET ADDRESS CITY-ST-ZIP **BUSHNELL FL 33513** CITY-ST-7IP BUSHNELL, FL 33513 Delete TITLE CHARLES HENSEN Change X Addition

BUSHNELL FL 33513 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 11 if the empowered.

NAME

NAME

TITLE

NAME

Delete

Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

BECKER, CLEO

9361 CR 649

GOBELI, CAROL

9457 CR 657

BUSHNELL FL

BECKER, FRED

9361 COUNTY ROAD 649

<u>Bushnell</u> fl

CR657

DIRECTOR

HERBERT HEETER

9420 CR657

DIRECTOR REED

374CR657

BUSHNELL, FL 335/3

BUSHNELL, FL 33513

352-793 5409

☐ Change

☐ Change

Addition

X Addition