## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 735377** 1. Entity Name RIVERVUE-LAGOON ASSOCIATION, INC. Principal Place of Business Mailing Address 138 PLACID DR 126 PLACID DR FT. MYERS FL 33919 FT. MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

After September 13, 2002,

min. will be \$236.25.

AMBURGEY, JOSEPH

FT. MYERS FL 33919

AMBURGEY, SUSAN

<u>ft. Myers fl 33919</u>

FT. MYERS FL 33919

FT. MYERS FL 33919

138 PLACID DR

138 PLACID DR

**BUCK, VIRGINIA** 

126 PLACID DR

BUCK, J. GARY

126 PLACID DR

D

AMBURGEY, JOSEPH 138 PLACID DR FT. MYERS FL 33919

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

City-St-7IP

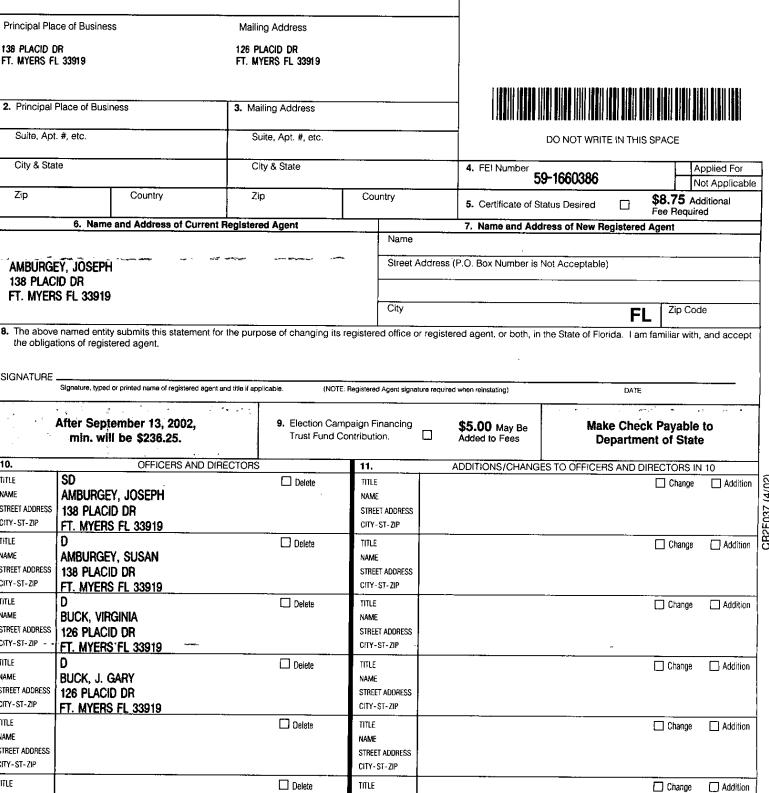
CITY-ST-ZIP

City-St-ZIP

the obligations of registered agent.

## **FILED** Sep 10, 2002 8:00 am Secretary of State

09-10-2002 90209 008 \*\*\*\*61.25



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.

Name

City

9. Election Campaign Financing

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

Trust Fund Contribution.

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**SIGNATURE:**