

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90058 019 *****61.25

DOCUMENT # 749074

1. Entity Name

RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, I

Principal Place of Business

Mailing Address

% ROBERT L. BATES
 1824 W. GRANT ST.
 ORLANDO FL 32805

% ROBERT L. BATES
 1824 W. GRANT ST.
 ORLANDO FL 32805

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

31-1404228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLOWER, BRUCE W. , ESQUIRE
 SUITE 100,500 N MAITLAND AVE
 MAITLAND FL FL 32801**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEWIS ALLEN	
STREET ADDRESS	1810 W GRANT ST	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROBERT L BATES	
STREET ADDRESS	1824 W GRANT ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TERESA NELSON	
STREET ADDRESS	1601 W GRANT ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLEK, CORNELLES	
STREET ADDRESS	2404 RIO LANE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYCE,CARL	
STREET ADDRESS	1820 W. GRANT ST	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENE CHANEY	
STREET ADDRESS	1715 W. GRANT ST.	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN LEWIS	
STREET ADDRESS	1810 W. GRANT ST.	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT L. BATES	
STREET ADDRESS	1824 W. GRANT ST.	
CITY-ST-ZIP	ORLANDO, FL 32805-6027	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY WHISENANT	
STREET ADDRESS	1713 26TH ST.	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHANIEL HOLLINGER	
STREET ADDRESS	1713 26TH ST.	
CITY-ST-ZIP	ORLANDO, FL 32805	
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 all other like empowered.

SIGNATURE:

Robert L. Bates

ROBERT L. BATES

(407) 841-5680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)