

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90070 018 \*\*\*\*70.00

**DOCUMENT # 749872**

1. Entity Name

**RIVER OAKS RECREATION ASSOCIATION, INC.**

Principal Place of Business

7628 N 56TH ST  
 8  
 TAMPA FL 33617  
 US

Mailing Address

7628 N 56TH ST  
 8  
 TAMPA FL 33617-7732  
 US

2. Principal Place of Business

*Shirer and Associates*

Suite, Apt. #, etc.

*6801 Diana Ct*

City & State  
*TAMPA FL*

Zip  
*33610*

Country  
*USA*

3. Mailing Address

*6801 Diana Ct*

Suite, Apt. #, etc.

City & State  
*TAMPA FL*

Zip  
*33610*

Country  
*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2182237**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIVEY, WILLIAM C**  
 7628 N 56TH ST  
 STE 8  
 TAMPA FL 33617

7. Name and Address of New Registered Agent

Name *Shirer + Assoc. of FL, INC.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*6801 Diana Ct.*  
 City *Tampa* FL Zip Code *33610*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-17-2000*

**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	D	Delete <input checked="" type="checkbox"/>
NAME	SUMMERALL, JAMES	
STREET ADDRESS	4929 PURITAN CIR	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	SD	Delete <input type="checkbox"/>
NAME	BAILEY, CHARLOTTE	
STREET ADDRESS	7861 NIAGARA AVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VD	Delete <input type="checkbox"/>
NAME	RYAN, JOE	
STREET ADDRESS	7823 NIAGARA AVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	Delete <input type="checkbox"/>
NAME	RITTENBERRY, KATHY	
STREET ADDRESS	5137 PURITAN CIR	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	Delete <input checked="" type="checkbox"/>
NAME	STOKES, RUSSELL	
STREET ADDRESS	145-44 AVE	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	D	Delete <input checked="" type="checkbox"/>
NAME	MEYER, TONI	
STREET ADDRESS	7837 NIAGARA AVE	
CITY-ST-ZIP	TAMPA FL 33617	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	<i>DAnn Clement</i>	
STREET ADDRESS	<i>5158 Puritan Circle</i>	
CITY-ST-ZIP	<i>Tampa, FL 33617.</i>	
TITLE		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	<i>P Tom Silver</i>	
STREET ADDRESS	<i>5016 Puritan Circle</i>	
CITY-ST-ZIP	<i>Tampa, FL 33617</i>	
TITLE		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	<i>Hubert Smith</i>	
STREET ADDRESS	<i>13620 Lake Magdelane Blvd., #412</i>	
CITY-ST-ZIP	<i>Tampa FL 33618</i>	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 life empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-17-2000*

CR2E037 (9/99)