2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
03-30-2001 90328 024 ****61.25

0073526

DOCUMENT # 750680

1. Entity Name

RIVER WILDERNESS OF EVERGLADES CITY CONDOMINIUM

Principal Place of Business	Mailing Address
210 COLLIER AVE P O BOX 380 EVERGLADES FL 34139-0380 US	210 COLLIER AVE P O BOX 380 EVERGLADES FL 34139-0380 US

DO NOT WRITE IN THIS SPACE

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 65-0085155 ☐ 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
RICHMAN KENNETH W JA ESQ 2640 GOLDEN GATE PARK, SUITE 206 NAPLES FL 34105-3203	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUDD, WALTER ~~347 CITRUS RIDGE DRIVE~~ ~~BATTLE CREEK MI 49014~~	☐ Delete	P RUDD. WALTER 347 CITRUS RIDGE DR. DAVENPORT. FL 33937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWENS, JOHN B 7601 SW 134TH AVENUE MIAMI FL 33183	☐ Delete	S BAIER, RICHARD 119 W. GARFIELD CISSNA PARK, IL 60924-0008	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAPS, JOHN G 6850-58TH WAY NORTH # C PINELLAS PARK FL 33781	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ VP VALKEMA, ROY 5412 EAST F. G. AVE. KALAMAZOO MI	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LASKO, ~~GEROGE~~ GEORGE 5433 TRAMMELL ST NAPLES FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAIER, MYRNA ~~119 WEST GARFIELD~~ ~~CISSNA PK IL~~	☐ Delete	T BAIER. MYRNA 119 W. GARFIELD CISSNA PARK, IL 60924-0008	☒ Change ☐ Addition

CR2E037 (10/00)

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: Myrna L. Baier SIGNATURE REQUIRED MYRNA L. BAIER 3-29-01 941-695-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #