

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750680

1. Entity Name

RIVER WILDERNESS OF EVERGLADES CITY CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business

210 COLLIER AVE
P O BOX 380
EVERGLADES FL 34139-0380
US

Mailing Address

210 COLLIER AVE
P O BOX 380
EVERGLADES FL 34139-0380
US

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 P
NAME RUDD, WALTER ☐ Delete
STREET ADDRESS 347 CITRUS RIDGE DRIVE
CITY-ST-ZIP DAVENPORT FL 33937

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME OWENS, JOHN B ☐ Delete
STREET ADDRESS 7601 SW 134TH AVENUE
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RAPS, JOHN G ☐ Delete
STREET ADDRESS 6850-58TH WAY NORTH # C
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME VALKEMA, ROY ☐ Delete
STREET ADDRESS 5412 EAST F. G. AVE.
CITY-ST-ZIP KALAMAZOO MI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LASKO, GEORGE ☐ Delete
STREET ADDRESS 5433 TRAMMELL ST
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME BAIER, MYRNA ☐ Delete
STREET ADDRESS 119 WEST GARFIELD
CITY-ST-ZIP CISSNA PARK IL 60924-0008

TITLE ☐ Change ☐ 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:

MYRNA L. BAIER
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90099 018 ****61.25



DO NOT WRITE IN THIS SPACE

UBR03633

CR2E037 (9/01)