

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90173 021 ****61.25

DOCUMENT # 752767

1. Entity Name

DORSEY - RIVER BEND HOME OWNERS ASSOCIATION IN C

Principal Place of Business

Mailing Address

1713 NW 5TH STREET
 C/O MARJORIE A. DAVIS
 FT LAUDERDALE FL 33311

1713 NW 5TH STREET
 C/O MARJORIE A. DAVIS
 FT LAUDERDALE FL 33311-8726

00020430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2694155

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, MARJORIE A.
1713 NW 5TH STREET
FT LAUDERDALE FL 33311

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 PD ☐ Delete
 NAME DAVIS, MARJORIE A
 STREET ADDRESS 1713 NW 5TH ST
 CITY-ST-ZIP FT LAUDERDALE, FL 0

TITLE ☐ Change ☒ Addition
 NAME **VD2 Deborah B Fredrick**
 STREET ADDRESS **407 NW 17th Ave Ft Land. FL**
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME JOHNSON, ARTIS
 STREET ADDRESS 523 N.W. 23RD AVE.
 CITY-ST-ZIP FT LAUDERDALE, FL 0

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

TITLE FSD ☐ Delete
 NAME HOLLOWAY, MARIE
 STREET ADDRESS 433 NW 17TH AVENUE
 CITY-ST-ZIP FT LAUDERDALE, FL 0

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

TITLE RS ☐ Delete
 NAME PHILLIPS, JUANITA
 STREET ADDRESS 435 NW 20TH AVE
 CITY-ST-ZIP FT LAUDERDALE, FL 0

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

TITLE CSD ☐ Delete
 NAME SIMMONS, ELOISE
 STREET ADDRESS 434 N.W. 20TH AVENUE
 CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE T ☐ Delete
 NAME MOORE, CHANNIE M.
 STREET ADDRESS 1444 N.W. 5 STREET
 CITY-ST-ZIP FT. LAUDERDALE FL

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: MARJORIE A. DAVIS 02-08-00 954-463-3872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)